

APPLICATION FOR BOARD OF DIRECTORS

CAMROSE REGIONAL EXHIBITION

4250 Exhibition Drive Camrose, AB T4V 4Z8 PHONE:672-3640 FAX: 672-8140

NAME:	Middle Initial
BIRTHDATE:	
HOME ADDRESS: (if Rural – Physical Address And mailing address)	WORK ADDRESS:
Physical:	
Mailing:	
Email address:	
HOME PHONE:	BUSINESS PHONE:
CELL PHONE:	FAX:
	Occupation:
Would you prefer mailings to come to your home of	or business address?
Do you currently hold a C.R.E. membership? Y	es □ No □
Please provide details of any previous involvement	t with the C.R.E?

Briefly tell us what you currently know about the C.R.E and its offerings:	
List volunteer experience, specific tasks or accomplishments. Have you served on any Boards of Committees or do you have any association involvement?	
Tell us about yourself. List any hobbies, skills, or any special areas we would be interested in:	
Tell us what areas of the C.R.E are of the most interest to you:	
Why would you like to be on the Board of Directors for the C.R.E?	
Please list any potential Conflicts of Interest you can see having:	

For informational purposes only:

Requirements for Board of Directors

· · · · · · · · · · · · · · · · · · ·	Directors are required to complete their personal and of this requirement and signing the application, you	
~ Clean Criminal Record Check complete		
~ Volunteer position		
~ 1 board meeting per month (last Tuesday) and committee meetings ~ If 3 consecutive meetings are missed, you will be asked to step down from the Board.		
Signature of Applicant	Date of Application	
FOR OFFICE USE ONLY:		
Date received:		
Acknowledgement:		