*(Place your cursor inside the box in the form below and type)*

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| --- | --- |
| Your Name: |  |
| Primary email: |  |
| Cell Phone: |  |

I am a general member in good standing with the Comox Valley Division of Family
Practice (CVDFP) : Yes No

I am registered in good standing with the College of Physicians & Surgeons of BC: Yes No

I support the Constitution and Bylaws of the CVDFP: Yes No

I am prepared to attend meetings and learn the skills and information

required to govern a not-for-profit society: Yes No

I have participated in Cultural Safety and Humility training: Yes No

I have held a Board of Director position with another organization: Yes No

If Yes, please describe briefly:

In 200 words or less, tell us why you’d like to become a member of the CVDFP Board, and what you hope to bring to the Board. This description will be used to inform the general membership or your interest and experience.

***(Place your cursor inside the box and type)***

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***(Nomination by another CVDFP member is not required, however if you have a nominator please let us know who that is. If you are nominating yourself, please indicate)***

|  |  |
| --- | --- |
| Nominator: |  |

**Thank you for your Expression of Interest to the CVDFP Board of Directors.**

**Submission Deadline: Please submit your Expression of Interest by Nov 25th, 2021 (5:00 p.m. closing) by fax (250-941-1559) or email** **jbrydon@divisionsbc.ca** **to Janet Brydon, Executive Director.**

Web: [www.divisionsbc.ca/comox](http://www.divisionsbc.ca/comox%20)

Thank you for your interest in your Comox Valley Division of Family Practice