Powassan & Area
Family Health Team

Powassan and Area Family Health Team Board of Directors Application

I provide the following information with respect to my application for membership on the Board:

Name:		
Address:	**Business:**	
	Home:	
Telephone #s:	**Business:**	**Home:**
Facsimile Number:	**Business:**	**Home:**
E-Mail Address(es):		
Please list current or prior board experience, if any:		
What skills/areas of expertise can you bring to the board?		
Please describe your background and experience, if any, that is related to the affairs and operations of the Powassan and Area Family Health Team		
Please attach an up-to-date resumé and 2 or 3 references.		
Date:		
Signature:		