



## Canadian Celiac Association Board Director Nomination Form

### Candidate Information

Full Name \_\_\_\_\_

Street address \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Best Contact number: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_

Please check any of the following skills or experience that the candidate possesses.

- |  |   |
|--|---|
| <input type="checkbox"/> Finance, accounting               | <input type="checkbox"/> Management, administration         |
| <input type="checkbox"/> Food industry                     | <input type="checkbox"/> Nonprofit experience               |
| <input type="checkbox"/> Fundraising and special events    | <input type="checkbox"/> Teaching, counselling or education |
| <input type="checkbox"/> Public relations, communications  | <input type="checkbox"/> Government relations, networking   |
| <input type="checkbox"/> Association or charity governance | <input type="checkbox"/> Medical /healthcare                |
| Other _____  |   |

**In a few words, why would you like to serve on CCA's Board of Directors?**

List Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

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**Please also include a current resume or CV with this form. Send your application to [CCANominations@celiac.ca](mailto:CCANominations@celiac.ca)**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline for submissions: April 5, 2021 by 5:00pm EST.**

Canadian Celiac Association  
1450 Meyerside Dr. Suite 500. Mississauga, Ontario. L4W 4Y5  
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