

BOARD NOMINATION FORM 2022

Thank you for your interest in joining the Board of Directors for the Autism Society NWT. By doing so you show your commitment to improving the lives of people living on the spectrum and their families.

NAME OF INDIVIDUAL BEING NOMINATED: _____

CONTACT INFORMATION OF NOMINATED INDIVIDUAL:

ADDRESS: _____

PHONE NUMBER: _____

NAME OF INDIVIDUAL NOMINATING: _____ **or SELF:** _____

PHONE NUMBER OF PERSON NOMINATING: _____

If the individual is being nominated, is he/she aware and in agreement with accepting the nomination?
Y__ N__, if no, we cannot proceed

IS THERE AN AREA OF EXPERTISE THE INDIVIDUAL WILL BRING TO THE BOARD? IF SO, PLEASE EXPLAIN
(i.e., fundraising, lived experience, knowledge of autism: _____

**PLEASE PROVIDE A BRIEF OVERVIEW AS TO WHY YOU OR THE INDIVIDUAL BEING NOMINATED
WOULD BE AN ASSET TO THE AUTISM SOCIETY (no more than 300 words)**

** All Board Directors are expected to abide by the Bylaws in accordance with Board expectations. All nominees must have an active membership to be accepted as a nominee. Please go to our website for further details www.nwtautismsociety.org **