

CONTACT INFORMATION				
LAST NAME:				
FIRST NAME:		GENDER:	M	F
ADDRESS:				
CITY:		PROVINCE:		POSTAL CODE:
EMAIL:				
PHONE:				
I AM A NEUROENDOCRINE:				
OTHER*:				

SKILLS AND EXPERIENCE				
WHY DO YOU WANT TO SERVE ON CNETS BOARD OF DIRECTORS?				
WHAT SKILLS AND/OR EXPERIENCE WOULD YOU BRING TO CNETS BOARD OF DIRECTORS?				
PLEASE INDICATE YOUR LEVEL OF KNOWLEDGE IN THE FOLLOWING AREAS:	NONE	WORKING	IN-DEPTH	EXPERT
Accounting/Finance				
Communications/Marketing				
Project Management				
Advocacy				
Leadership				

Please submit the **completed application**, along with any supporting materials such as a cv/resume to [info@cnets.ca](mailto:info@cnets.ca) by Friday, June 9<sup>th</sup>, 2023.