



**SOUTH GATE
CENTRE**

SOUTH GATE CENTRE BOARD OF DIRECTORS' APPLICATION

Name _____

Address _____

City _____ Postal Code _____

Phone ____ - ____ - _____ Email _____

Relevant Experience and/or Employment (attach a resume if relevant) _____

Why are you interested in our organization? _____

Area(s) of expertise/Contribution you feel you can make _____

Other volunteer commitments _____

Email completed form to Chris@southgatectr.ca