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| Committee of Management (COM) Member Application2019 | |
| Name |  |
| Phone number |  |
| Do you have COM experience? | **Yes** **No** |
| **If Yes, what experience do you have?** |
| What Skills will you bring? |  |
| What is your area of interest? |  |
| Do you identify as a Peer? |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.