



Board of Directors Application Form

Thank you for your interest in the SouthWest Edmonton Seniors Association (SWESA). Please complete this form and submit it to Carol Bigam, President of SWESA. For more information about the Roles and Responsibilities of the Board of Directors, please contact a member of SWESA's Executive Committee.

Name:	
Phone:	Home: Cell: Work:
Address:	Street/Number: City: Postal Code:
Email:	
Are you a member of SWESA? <input type="checkbox"/> Yes <input type="checkbox"/> No (SouthWest Edmonton Seniors Association)	
As a member of SWESA, please indicate your involvement preferences	
INVOLVEMENT	CHECK and/or RANK
Board of Directors	_____
Committee Chairperson	_____
Committee Member	_____
Volunteer Member	_____
Other _____	_____

