



Consent to Act as a Director

I hereby consent to act as a Director of the British Columbia Persons With AIDS Society (BCPWA) and hereby certify that:

- 1) I am not disqualified by law from becoming or acting as a Director.
- 2) My residence address is:

SAMPLE: YOU WILL BE REQUIRED TO

- 3) This consent was given before my election or appointment as a Director.
- 4) By giving this consent, I confirm that I am aware of the Disclosure of Membership Information Policy in place at BCPWA and that I will abide by and effect its provisions as required.
- 5) This consent shall continue in effect from year to year so long as I am re-elected a Director by the Members, but in the event I revoke this consent, or in the event I resign as a Director, this consent shall cease to have effect from the effective date of such revocation or resignation.

Date: _____

Print Name

Signature

Print Name

Witness

PLEASE ALSO FILL OUT BACK OF THIS SHEET

ADDITIONAL PERSONAL INFORMATION:

Full Name (including middle names): _____

Membership Number: _____

Voting Membership Number: _____
(number on voting card)

Telephone (Home): _____

Cell Phone: _____

Email Address: _____

Birth Date: _____

Employment Status: _____

**SAMPLE: YOU WILL BE REQUIRED TO
SIGN THIS WHEN YOU ARE
NOMINATED FOR THE BOARD**