



Hearing and Speech Nova Scotia Board Member Expression of Interest Form

Name: _____ Date: _____

Address: _____

Phone/email: _____

1. What affiliation, or experience, if any, have you had with Hearing and Speech Nova Scotia?

2. Why are you interested in serving on Hearing and Speech Nova Scotia Board?

3. Do you have experience in any of the following areas:

Business

Finance

Law

Governance

Past HSNS Client

Other _____

Education

Health

Government/policy

Fundraising

P.R./communications

4. List any organizations (past or present) of which you are, or have been, a member.

Please return to:

Chair, Board of Directors

Hearing and Speech Nova Scotia

5657 Spring Garden Road, Suite 401, Box 120

Halifax, Nova Scotia B3J 3R4

Email CEO Admin: lynn.mckenna@nshsc.nshealth.ca | Fax: (902) 423-3150

OFFICE USE ONLY

Date joined: _____

Signature of Board Chair: _____