

CAMH CONSTITUENCY MEMBER APPLICATION FORM 2007

Please complete the form below for the 3-year term beginning June 2007.
 This information will not be used by CAMH for any other purposes without your knowledge or consent.
 If you have any questions regarding Constituency Membership, CAMH Governance or the completion of this form, please contact **Bharati Singh at 416-535-8501 Ext. 6718 or by e-mail: bharati_singh@camh.net**
 Thank you.

NAME: _____

TITLE AND ORGANIZATION: _____
 (if applicable)

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE (DAY): _____ **FAX:** _____

EMAIL: _____

Why I would like to become a Constituency Member of CAMH:

My experience with mental health and/or addictions is:

What I have to offer CAMH as a Constituency Member:

Voluntary Self-identification: Diversity is an important corporate priority at CAMH. We value the strength, expertise and rich experience that stakeholders from diverse backgrounds bring. Please indicate in the boxes and in the space provided for comments below if you belong to any of the following under-represented groups:

- | | |
|--|---|
| <input type="checkbox"/> Women | <input type="checkbox"/> Religious Minority |
| <input type="checkbox"/> Low Income Persons | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Older Persons |
| <input type="checkbox"/> Lesbian/Gay/Bisexual/Transexual/Transgendered | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Racialized Community | |

Comments:

Signature _____ **Date** _____

Please return this completed form to Bharati Singh by fax: 416-583-1299 or by mail to:
 CAMH, 1001 Queen Street West, Room 2011 B, Toronto, Ontario, M6J 1H4