

Learning Disability Association of Alberta Nomination Form to Board of Directors

Nominee Name	
Position	LDAA Board Director
Address	
Phone Number (home & cell)	
Email	
Date of Birth*	
*Required for CRA Forms and will not be made public	
Date:	
Signature:	
Include:	
	nformation regarding 1. Your relevant experience related to board 3. Any other relevant information. Maximum 1 single spaced page.
☑ Letter of reference (or two letters if self-nominated)	
☑ CV	
☑ Completed Form (2 pages)	
✓ Letter/email indicating of acceptance from the nominee (if not self-nominated)	

Email the completed nomination form, statement, CV, checklist, and letter(s) of reference in PDF, with note indicating acceptance to:

Ellie Shuster

Executive Director

Email: execdir@LDAlberta.ca Phone: (780) 448-0360

Please check all that apply to you and provide a brief explanation:

Tea	cher/Principal
Psy	hologist/Counselor
	-secondary LD/ADHD/disability crience
	ncial background ounting, business)
Leg	
Me	lical
PR/	Marketing
Fun	draising
Tec	inology/Social media
Res	earch
Gov	ernment Relations
Eve	nt organization
	tegic leadership/ tegy development/Policy
Pro	ram development
Воа	rd experience
	onal experience LD/ADHD
	essional experience LD/ADHD
Edn	onton based
Calg	ary based
Oth	er city based
Rur	l based