



Canadian
Hard of Hearing
Association
NEWFOUNDLAND & LABRADOR

CHHA-NL AGM 2023-2024

Nomination Form

CHHA-NL Board of Directors

2024 - 2025

1081 Topsail Road, Mount Pearl, NL A1N 5G1

Phone: (709) 753-3224 Fax: (709) 753-5640

Toll Free: 1-888-753-3224

Email: info@chha-nl.ca Website: www.chha-nl.ca

NOMINATION FORM - CHHA-NL BOARD OF DIRECTORS

Important Date: Nomination Deadline: Wednesday, September 11, 2024

NAME OF NOMINEE:

ADDRESS:

PHONE:

EMAIL:

PLEASE NOTE: QUALIFICATIONS FOR POSITION:

Please complete and submit the **Nominee Profile Form** on the next page and any other information which the nominee feels the **CHHA-NL Nominating Committee** should have.

ACCEPTANCE:

I accept this nomination for the position of _____ on the Board of Directors of the Canadian Hard of Hearing Association – Newfoundland and Labrador (CHHA-NL), for an initial three-year term. I understand, that I am also entitled to stand for re-election to a second three-year term if desired. Please note the following important qualification criteria from the CHHA-NL By-laws:

7.3.4d The President and Vice-President of a chapter must be hard of hearing, or parents or guardians of hard of hearing persons.

NOMINEE: _____

NOMINATED BY MEMBER: _____

Fax, mail, or e-mail your Nomination and Nominee Profile Forms to:

**CHHA-NL Governance Committee
Canadian Hard of Hearing Association NL
1081 Topsail Road
Mount Pearl, NL A1N 5G1
E-mail: lmills@chha-nl.ca Fax: (709) 753-5640**

Please visit www.chha-nl.ca for more information about the association and the expected duties of board directors. You can also contact the Executive Director, Leon Mills Phone at (709) 753-3224 or by Cell at (709) 689-8239 or by e-mail at lmills@chha-nl.ca

NOMINEE PROFILE FORM - CHHA-NL BOARD OF DIRECTORS 2024-2025

NAME:

ADDRESS:

PHONE:

CELL:

EMAIL:

1. Do you have hearing loss?

Yes/No

2. Do you wear hearing aid(s), a Cochlear Implant, Bone Anchored Hearing Aid (BAHA), or other hearing device?

If yes, please provide details:

3. Are you now or have you ever been involved with CHHA-NL in any capacity?

If yes, please provide details:

4. Please provide a brief outline of your work experience and skills acquired:

5. Please provide an outline of your volunteer experience and achievements:

NOMINEE'S STATEMENT OF INTEREST

Please provide a brief statement (up to 500 words) explaining your interest in serving on the CHHA-NL Board of Directors and furthering the work of CHHA-NL. Describe the particular skill sets and experience you have that you believe would be helpful to the association.

Fax, mail, or email your Nomination and Nominee Profile Forms to:

**CHHA-NL GOVERNANCE COMMITTEE
Canadian Hard of Hearing Association NL
1081 Topsail Road**

Mount Pearl, NL A1N 5G1

Tel: (709) 753-3224 Fax: (709) 753-5640 Email: lmills@chha-nl.ca

Please visit our website at www.chha-nl.ca for more information