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**WEST CENTRAL ABILITIES INC.**

1001 7th Avenue West - Box 1626 Kindersley, Sk. S0L 1S0

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| **MEMBERSHIP APPLICATION** | |
|  | |
| Name: | E-Mail: |
| Phone: | Address: |
| Cell: |
| Fax: |
| Employer: | Name of referring member or former member: |

1. Past experience with Non-profit sector and/or Community Based Organizations. List organization(s) and capacity in which you served.
2. Reasons for wanting to become a Member of West Central Abilities Inc.

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| **PLEASE COMPLETE THE FOLLOWING IF YOU ARE INTERESTED IN BECOMING A DIRECTOR** |

1. Describe past experience or positions held that would assist you as a Board Member.
2. Outline strengths, abilities, and talents that you would bring to the Board. (Examples – education or experience with strategic planning, corporate governance, communications, financial management, experience with the disability services sector, etc.)
3. Why do you want to be a member of WCA’s Board of Directors?

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Applicant Signature: Date: