



London Health Sciences Centre

Application for Community Advisory Council Members

Name: _____ Date: _____
(Title) (First) (Last) (YYYY/MM/DD)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Organization: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

What is the best way to contact you and when? _____

Please answer the following questions.

1. Why are you interested in membership on the Community Advisory Council?
2. What insights, knowledge, skills and attributes would you bring to the Community Advisory Council?
3. Is there anything else you would like to share?

Applicant's Signature: _____ Date: _____
(YYYY/MM/DD)

Please send your application with a resume, curriculum vitae or brief summary outlining your education, work history and community involvement:

CAC Membership Committee
c/o Kelly Hutchinson
Manager, Corporate Communications and Public Relations
800 Commissioners Road East, PO Box 5010
London, Ontario N6A 5W9
Tel 519 685-8500 extension 77127
Kelly.Hutchinson@lhsc.on.ca