

Application for Advisory Board Position

Name: _____

Title: _____

Organization: _____

Address: _____

City, Province _____ Postal Code _____

Business Phone: _____ Business Fax: _____

Home Phone: _____ Length of Residence
in Alberta: _____

E-mail: _____

1. Please describe your experience with physical activity and/or healthy living and the active living community.

2. Why are you interested in sitting on the Advisory Board?

3. The names of three references must accompany this application. Please supply below:

Name	Organization	E-mail	Phone

Signature of Applicant

Date

Return your application by:

- **E-mail** your application and resume as attachments to active.living@ualberta.ca;
- **Fax** your application and resume to 780-427-2677; or
- **Mail** your application and resume to:



Judith Down
Director
Alberta Centre for Active Living
3rd Fl., 11759 Groat Rd
Edmonton AB T5M 3K6