

Advocacy Committee Application

Name:
Membership Number:
My location (City, Province):
I have read the role description and I am able to commit to becoming an Advocacy Committee member and fulfilling the duties as an advocacy volunteer with CKC in my province.
I have previously served on the following CKC Committee or Councils:
I am interested in serving on this Committee because:

Please tell us about your	background relevant to	this committee's manda	te and primary purpose:
What other experience do for?	you have that you thinl	k would be an asset to th	ne Committee you're applying