



# COMMITTEE MEMBERSHIP APPLICATION FORM

PLEASE EMAIL COMPLETED FORM TO  
[INFO@ELMIRAMAPLESYRUPFESTIVAL.COM](mailto:INFO@ELMIRAMAPLESYRUPFESTIVAL.COM) OR  
 SUBMIT TO 24 Church Street West, Elmira ON

OFFICE USE ONLY RECEIVED: _____
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Thank you for your interest in joining our Committee Membership. Our Committee Membership plays a vital role in promoting our vision and increasing our presence and impact on our community. EMSF actively recruits new committee members, and they are appointed at the Annual General Meeting held traditionally in September. We welcome individual applicants with suitable skills and experience to help us grow our services in this community.

## APPLICANT CONTACT INFORMATION

NAME				<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS
ADDRESS			CITY, PROVINCE, POSTAL CODE	
BIRTHDATE		EMAIL		
TELEPHONE			CELL PHONE	

What motivates you to become a committee member for the Elmira Maple Syrup Festival?	
What special qualifications and/or skills would you bring to the committee?	
Please describe your past committee experience (including the types of committees on which you have participated).	
Please describe your understanding of a committee member's role with EMSF.	



The Committee Membership seeks a complementary balance of knowledge, skills and experience at a Governance Level. Please identify those areas in which you have basic or advanced competencies and areas you are interested in:

BOARD OF GOVERNANCE	BASIC	ADVANCED	INTERESTED
▪▪ Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Community Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Governance and Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Government/Political Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Healthcare Administration/Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Real Estate/Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Public Relations/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Quality/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in joining one of the sub committees?

COMMITTEES	YES	NO
▪▪ Finance Committee	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Governance Committee	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Executive Committee	<input type="checkbox"/>	<input type="checkbox"/>
▪▪ Vendor Committee	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES**

Please provide two references that are familiar with your previous board or committee experience:

1 <sup>ST</sup> REFERENCE		2 <sup>ND</sup> REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	

**Please attach a current resume to your application.**

By submitting this application and a resume, I declare that:

- I meet the eligibility criteria and accept the conditions of nomination as delineated.
- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the Committee Membership for this non-profit corporation complies with the Bylaws of the Organization. I also understand that acceptance as a committee member includes joining the Membership of the Organization.

APPLICANT NAME (please print): \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_