

Cowichan South Recreation Commission MEMBERSHIP APPLICATION

Please download this form before illing it out.			
N	ame:		
Address:			
Mailing address: (if different from above)			
	referred daytime hone number:	Email:	
S	ignature of Applicant:		
Tell us about yourself.			
1.	Which area are you applying to represent? (1 member will be appointed for each)		
	□ Electoral Area A (Mill Bay/Malahat)□ Electoral Area B (Shawnigan Lake)		
2.	Why are you interested in applying for this	role?	
3.	Are you associated with a local sports orga	nization? If yes, which one(s)?	

Toll Free: 1.800.665.3955 Phone: 250.746.2500 Web: www.cvrd.bc.ca

E-Mail: karen.chrisanthopoulos@cvrd.bc.ca

4.	What skills, knowledge and experience do you possess that might be valuable to the Cowichan South Recreation Commission?	
5.	Have you been involved in recreation governance previously? If yes, please describe.	
<u>PL</u>	EASE RETURN THE COMPLETED FORM USING ONE OF THE FOLLOWING METHODS:	
AT Co	ROP OFF IN PERSON OR MAIL TO: TENTION: Karen Chrisanthopoulos pwichan Valley Regional District 5 Ingram Street	

EMAIL: karen.chrisanthopoulos@cvrd.bc.ca

DUNCAN, BC V9L 1N8

All applications must be received by 2:00 PM on Friday, September 22, 2023.