**COMMITTEE**

**APPOINTMENT REQUEST**

# **Name of Committee**

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## **Member Information**

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| Member Name: |  |
| Department: |  |
| Campus Address: |  |
| Campus Phone:  |  |
| Email: |  |

**Statement to Executive:**

Please describe, in 200 words or less, how your background and/or qualifications would contribute to this committee.

If selected by the UWOSA Council of Representatives as the nominee for this committee, I will serve in such role, and agree to the following:

1. I will represent the broad interests of the Association
2. I will report to the Council of Representatives after each meeting of this committee either in writing or in person.
3. I will provide the UWOSA office with a copy of the minutes of the meetings of this committee, and any other working papers.
4. I will inform the President or designate of significant developments of concern to the Association in this committee as they become known.

In affixing my signature, I have read and agree to the above conditions

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| **Signature:** | **x** |

**Return to UWOSA:** **info@uwosa.ca** **by October 28, 2021 at 5:00 p.m.**