

# BCNU Committee, Working Group or Network Participation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Area of Nursing: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked on a BCNU committee, working group or network before, or are you currently on a committee, working group or network member?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience, education or other background information do you believe would assist you in your committee, working group or network? (Use separate sheet if necessary)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to the attention of Jacquie Bobenic:**

British Columbia Nurses' Union, 4060 Regent Street, Burnaby, BC V5C 6P5

Fax: 604.433.7945 or toll free 1.888.284.2222

If you wish, you may send your own note including the above-requested information by email to [bobenic@bcnu.org](mailto:bobenic@bcnu.org).