



Invitation to Serve Application: Lunenburg Harbour Health Advisory Group

Name: _____

Address: _____

Telephone: _____

Email: _____

1. Please explain your specific interests in Harbour Health.

2. Please provide a brief overview of your interest in or relationship to Lunenburg, Nova Scotia.

3. Regular Group meetings will be held three times a year (January, April, and September) during the work day, Monday to Friday, 8:30 AM to 4:30 PM (exact dates and times yet to be finalized). Are you available to meet during those time frames?

Yes

No



4. What member position are you applying for? Please check one.

a. Representative of Stakeholder Organization

- Industry Business Tourism/Recreation

b. Citizen Representative

- Town of Lunenburg Municipality of the District of Lunenburg

If you checked a., please state the name of your organization.

5. Please provide any other information or comments about yourself that you think may assist us with our selection process.

Please submit this completed application form by no later than 4:30 PM on May 11, 2018 to the following name/address at your earliest convenience:

Brooke Nodding
Bluenose Coastal Action Foundation
PO Box 730, 37 Tannery Road
Lunenburg, Nova Scotia
B0J 2C0
brooke@coastalaction.org

We appreciate all submissions; however, only successful applicants will be notified.
Thank you!