

Provincial Board
Pre Interview Form

Name:

Home Mailing Address:

City: _____ Postal Code: _____

Name of Business or Employer (if applicable): _____

The **mission** of the Lung Association AB & NWT is to raise money and provide funding for research, prevention of lung disease and patient support. We have a **vision** to create a world free of lung disease.

Are you willing to support and participate in this mission?

YES NO UNSURE

Do you have a personal connection to lung disease (anyone in your family or friends with asthma, Chronic Obstructive Pulmonary Disease ("COPD"), lung cancer, respiratory disease, current or former tobacco user etc.)?

YES NO UNSURE

If YES and you are willing to, please share that information:

