**CONSENT TO ACT AS A DIRECTOR OF THE**

**▼ DIVISION OF FAMILY PRACTICE**(the “Society”)

I, [INSERT FULL NAME], hereby consent to be a director of the Society, and confirm that this consent shall continue to be effective until I cease to be a director of the Society in accordance with the bylaws of the Society.

Furthermore, I confirm that I am qualified to be a director of the Society in accordance with the *Societies Act* and the bylaws of the Society and, in particular, I confirm that following facts are true:

1. I am 18 years of age or older;
2. I have not been found by any court to be incapable of managing my own affairs;
3. I am not an undischarged bankrupt; and
4. I have not been convicted of an offence in connection with the promotion, formation or management of a corporation or unincorporated entity, or of an offence involving fraud.

I acknowledge that if I cease to be qualified in accordance with the *Societies Act* or the bylaws of the Society that I will automatically be deemed to have resigned as a director of the Society. In the event that deemed resignation is not effective in those circumstances, I undertake to immediately resign as a director of the Society.

DATED as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Full Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Resident Address)

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