Forward your nomination to:

Executive Director – OWSA
100 Sunrise Avenue, Suite 101
Toronto Ontario M4A 1B3
416-426-7189 | www.owsa.ca
Email: Laura@owsa.ca

Nomination Form

Please submit a brief resume of the nominee with this nomination form no later than

Due Date: October 31, 2016

I,_____, a member in good standing with the Ontario Wheelchair Sports Association, hereby nominate:

Name:_____

Address: _____City:_____ Postal Code: _____

Email: _____ Phone: (___) _____

For the Position of _____

Nominator

Name: _____ Email: _____

Phone: (___)_____

Signature: _____ Date:_____

Seconder

Name: _____ Email: _____

Phone: (_____)_____

Signature: _____ Date:_____

Nominee

I, _____, accept the nomination for the position of _____

and understand that an election will be held on November 3, 2016. I give my consent to being a candidate and, if elected, will agree to serve on the Board of Directors of Ontario Wheelchair Sports Association.

Signature: _____ Date:_____
