

Forward your nomination to:

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



**ONTARIO
PARA
NETWORK**

Nomination Form

Please submit a brief resume of the nominee with this nomination form no later than
Due Date: November 5, 2019

I, _____, a member in good standing with the Ontario Para Network, hereby nominate:

Name: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

Phone: (____) _____

For the Position of:

Nominator

Name: _____

Email: _____

Phone: (____) _____

Signature: _____

Date: _____

Secunder

Name: _____

Email: _____

Phone: (____) _____

Signature: _____

Date: _____

Nominee

I, _____, accept the nomination for the position of _____
and understand that an election will be held on November 19, 2019. I give my consent to be a candidate and, if
elected, will agree to serve on the Board of Directors of the Ontario Para Network.

Signature: _____

Date: _____
