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 2, 2020

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: _____

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 2, 2020. 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:_____
