



CGSA BOARD OF DIRECTORS 2019 NOMINATION FORM (PLEASE PRINT CLEARLY)

(Position)

NOMINEE'S NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NO.: (_____) _____ FAX: (_____) _____

E-MAIL: _____

_____ Nominee's Signature

_____ Date

Nominated by:

1. _____ Please Print Name _____ Signature

2. _____ Please Print Name _____ Signature

Date: _____

Individuals signing this Nomination Form must be voting members of the CGSA at the time the nomination is received by the CGSA or the nomination will be deemed invalid.

Date received by the Chair of the CGSA Nominating Committee: