



**CGSA BOARD OF DIRECTORS 2023 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:

\_\_\_\_\_

2605 Summerville Court, Unit #A2082 MISSISSAUGA ON L4X 0A2

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