



## CGSA BOARD OF DIRECTORS 2025 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:

\_\_\_\_\_