



CGSA BOARD OF DIRECTORS 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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