

Forward your nomination to:

Executive Director – OWSA
100 Sunrise Avenue, Suite 101
Toronto Ontario M4A 1B3
416-426-7189 | www.owsa.ca
Email: Laura@owsa.ca



Nomination Form

Please submit a brief resume of the nominee with this nomination form no later than
Due Date: November 15, 2018

I, _____, a member in good standing with the Ontario Wheelchair Sports Association, hereby nominate:

Name:

Address:

City:

Postal Code:

Email:

Phone:

For the Position of:

Nominator

Name:

Email:

Phone:

Signature:

Date:

Secunder

Name: _____

Email: _____

Phone: (____) _____

Signature: _____

Date: _____

Nominee

I, _____, accept the nomination for the position of _____ and understand that an election will be held on November 27, 2018. I give my consent to be a candidate and, if elected, will agree to serve on the Board of Directors of Ontario Wheelchair Sports Association.

Signature: _____

Date: _____
