



NOMINATION FORM – BOARD OF DIRECTORS

Nominee:

Name _____
Street Address _____
City _____
Postal Code _____
Phone _____
E-mail _____

Nominated by:

Voting Member Name _____
Voting Member Signature _____
Street Address _____
City _____
Postal Code _____
Phone _____
E-mail _____

Seconded by:

Voting Member Name _____
Voting Member Signature _____
Street Address _____
City _____
Postal Code _____
Phone _____
E-mail _____

Please Note:

1. Persons nominating and seconding must be voting members of Ontario Basketball.
2. All nomination signatures must be original.
3. Please submit Nomination Form and Nominee Profile to Chair, Nominating Committee at johnlovet@execulink.com.