

Board Nomination Form

Please be sure to complete **ALL** of the fields below. This form must be printed and signed and submitted by email, mail, or in-person at HSCA at:

| 1320 5th Ave NW | | |
|---|---|----------------|
| Calgary AB, T2N 0S2 | | |
| executivecommittee@hsca.ca | | |
| Date | | |
| Name of Nominee | | |
| Address | | |
| Phone | Email | |
| Meeting. I understand that this form is red 7 days in advance of the Annual Gener Members of the Association. A Full Men of Hillhurst Sunnyside and whose mem | Board of Directors at the April 24th , 2024 , Annual General quired to be completed and returned in-person or emailed (as above) ral Meeting , and this nomination form is required to be signed by two (2) mber is defined as an individual 18 years of age or older, who is a resimbership has been purchased at least 30 days prior to the Annual Genembers at the time of nomination. Board nominations may also be made of the association as stated above. | ident neral |
| I would like to stand for election | as a member of the Board | |
| I am a Full Member of HSCA | | |
| Date | | |
| Signature of Nominee | | |
| FULL MEMBERS NOMINATION | | |
| 1. Name of Full Member | | |
| Signature of Full Member | | |
| 2. Name of Full Member | | |
| Signature of Full Member | | |