

 **ONTARIO WHEELCHAIR SPORTS ASSOCIATION**

104 – 3 Concorde Gate, Toronto, Ontario M3C 3N7

Phone: (416) 426-7189 Fax: (416) 426-7361

www.ontwheelchairsports.org

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 October 15, 2015. I give my consent to being a candidate and, if elected, will agree to serve on the Board of Directors of Ontario Wheelchair Sports Association.

Signature: _____ Date: _____

Please submit a brief resume of the nominee with this nomination form no later than

Due Date: October 8, 2015

Forward your nomination to:

Ken Thom – President OWSA 104 -3 Concorde Gate, Toronto ON M3C 3N7

Email: Laura@ontwheelchairsports.org

Fax: (416)426-7361