



FFMHA

Board Nomination Form Annual General Meeting

Candidate Information

Name _____
Home address _____
Home phone number _____
E-mail address _____
Board Position Nominated For _____

Submitted by

Name _____
Home address _____
Home phone number _____
E-mail address _____

Has This Person been contacted to determine their interest in being nominated?

Yes _____ No _____

If "Yes" would he/she be willing to serve if elected?

Yes _____ No _____

Thank you for your nomination

Withdrawn	Tabled	Carried	Carried as Amended	Defeated