



Nomination Form

DSAO Board of Directors

To be used for nomination of candidates to the DSAO Board of Directors.

I hereby confirm that I am a Member in good standing with DSAO:

Member's Name (Printed): _____

Member's Address: _____

I hereby nominate the following candidate:

Position being nominated for _____

Member Name _____

Tel (home) _____

Tel (work) _____

Cell _____

Email Address _____

Experience Profile

Is the candidate currently on the DSAO Board of Directors? _____

Please detail specific experience/background that will help in the role _____

Each candidate must be willing to commit, as well as have sufficient time available to discharge the duties of a Board member.

Governance: Whenever a vacancy occurs on the Board of Directors, the Governance and Nominating Committee is responsible for identifying one or more candidates to fill that vacancy, investigating each candidate, evaluating his or her suitability for service on the Board and recommending a candidate to the full Board. In addition, the committee is responsible for recommending nominees for election or re-election to the Board at each annual meeting.

Dated this ____ day of _____, 2017 Member Signature _____

Please send the completed form to nominations@disabledsailingontario.com

no later than
December 1st 2017