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**ARTICLE 19: NOMINATING COMMITTEE AND MEMBER NOMINATIONS**

*19.01 Nominations for any Director position on the Executive may be made by any member of the Corporation in good standing, provided the nomination is submitted in writing to the Secretary a minimum of thirty (30) days prior to the AGM. The nomination must be signed by the nominator and the nominee, and seconded by at least two (2) other members of the Corporation in good standing. Participating members under the age of 18 are not eligible as nominator, nominee or seconder. Nominees shall have an established involvement with the Association.*

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BOARD POSITION TITLE: \_\_\_\_\_

**NOMINEE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with SFHA in the 2024-2025 season: \_\_\_\_\_

Signature: \_\_\_\_\_

Why do you think this Nominee should be elected to the SFHA board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the strengths and related skills of the Nominee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can the Nominee add to SFHA by being member of the board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOMINATOR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with SFHA in the 2024-2025 season: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge. Further, I hereby acknowledge that I have read and understood Article 19 of the Sault Female Hockey Association Constitution.*

**SECONDER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with SFHA in the 2024-2025 season: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge. Further, I hereby acknowledge that I have read and understood Article 19 of the Sault Female Hockey Association Constitution.*

**SECONDER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with SFHA in the 2024-25 season: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge. Further, I hereby acknowledge that I have read and understood Article 19 of the Sault Female Hockey Association Constitution.*

**Please submit this completed document by email attachment to [secretary@saultgirlshockey.com](mailto:secretary@saultgirlshockey.com)**