



BRAMS UNITED GIRLS SOCCER CLUB

8950 McLaughlin Road South, Building D
Brampton, ON L6Y 5T1
905-452-8169

TO: BRAMS UNITED GIRLS SOCCER CLUB NOMINATIONS COMMITTEE

On behalf of the Member/Associate Member indicated below, we hereby nominate

_____ to serve as a Director of the Brams United Girls Soccer Club in the following position (check position being applied for):

| | |
|--|---|
| <input type="radio"/> President | <input type="radio"/> Director at Large (1) |
| <input type="radio"/> Vice President | <input type="radio"/> Director at Large (2) |
| <input checked="" type="radio"/> Treasurer | <input type="radio"/> Director at Large (3) |

We hereby confirm, on behalf of the Undersigned:

- (i) That the Undersigned Member/Associate Member is a Member in Good Standing;
- (ii) That the Undersigned Member/Associate Member has duly authorized this Nomination;
- (iii) That this Nominee is qualified for the position(s) for which he/she is/are nominated;
- (iv) That the Undersigned Member/Associate Member is not aware of any conflict of interest that would disqualify this Nominee to serve as a Director of Brams United Girls Soccer Club: and
- (v) That the Nominee's Consent to Act as a Director, biographical information, and written consent to disseminate personal information are attached to this Nomination.

SIGNED by its duly authorized representative, this _____ day of _____ 2022.

Name of Nominator (Printed)

Name of Witness (Printed)

Signature of Nominator

Signature of Witness

| FOR OFFICE USE ONLY | |
|---------------------|---|
| Date Received: | Method of Delivery: Personal Delivery: ___ E-Mail: ___ Courier: ___ |
| Time Received: | |
| Staff Name: | Other: (please list) _____ |
| Staff Signature: | |