**Nomination for HKVCA Board of Directors - 2015**

Nominate those individuals whom you feel would enhance the operation of our association and whom would represent the memberships’ position during discussion of new ventures. I also encourage you to send along any suggestions of projects and/or activities you would like to see our association undertake.

The upper box is where you nominate the Board of Directors (ie national level). There is no actual limit on the number you may submit; just copy the form if you wish to nominate more individuals.

The bottom box deals with the region council. You are asked for recommendations for the regional positions indicated. Our new procedures do not require formal elections for these positions, but your voice in the formation of your regional council is strongly encouraged.

**Please nominate at least one person from your region.**

**I nominate the following for election to the HKVCA Board of Directors**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) -\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) -\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) -\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) -\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_

**Signed: Date**:

**Region Council – (specific region) These individuals must reside in this Region**

**Secretary**: Jane Doe has served in this position over the past year and is agreeable to continue in this position.

□ I agree with Ms Doe continuing to serve as Secretary or,

□ I recommend \_\_\_\_\_\_\_\_\_to serve in this position

**Treasurer**: John Smith who has served in this position has declined re-nomination.

I recommend to serve as Treasurer.

**Please return this form by April 30th, 2015**

By Mail: H.K.V.C.A. By e-mail: commemoration082015l@gmail.com

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