

MWSA - BOARD OF DIRECTORS
NOMINATION FORM
PLEASE TYPE OR PRINT

Nomination Position:

New Nomination: _____

Returning Director: ✓

If yes, are you interested in the same position? ✓ YES NO

President

Treasurer

Vice-President

Director

Nominee's Full Name:

David Tweed

Member: YES

Address:

4 Fox Warren

City: Wpg

Province:

MB

Telephone: (work)

589-8955 (res.) 334-1573 (fax)

e-mail

Area of Expertise:


management

Consent by the Nominee:

I, (please print)

David Tweed

, hereby allow my name to stand for nomination.


Signature of Nominee

Nominated by:

Name of Individual:

Chantelle Horel

Address:

400 Webb Place

City:

Winnipeg

Province:

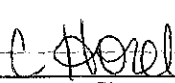
MB

Telephone: (work)

(res.)

997-9795 (fax)

e-mail


Signature of Nominator

Please return to:

Nominations Committee
c/o Manitoba Wheelchair Sport Association
145 Pacific Ave
Winnipeg, Manitoba
R3B 2Z6

For more information please contact MWSA at 925-5790 or email mwsa@sportmanitoba.ca.