

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: Kevin Stewart

Member: _____

Address: 484 Montague Ave.City: WpgProvince: MBTelephone: (work) 787-2258 (res.) 294-7761 (fax) _____e-mail kstew@live.ca

Area of Expertise: _____

Consent by the Nominee:

I, (please print) Kevin Stewart, hereby allow my name to stand for nomination.K Stewart
Signature of Nominee

Nominated by:

Name of Individual: Kevin Stewart (As above)

Address: _____

City: _____

Province: _____

Telephone: (work) _____

(res.) _____

(fax) _____

e-mail _____

K Stewart
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

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