



Intent/Nomination Form- Board of Directors

Nominee Name: _____ Board Position: _____

Nominee Phone: _____ Email: _____

Nominated By (MHRA Member) Name: _____ Contact Info: _____

Why does the Nominee desire to be a Board Director for MHRA?

Previous Board Experience:

Specific Involvement with MHRA:

Number of MHRA Board Meetings Attended: _____

Comments

Nominee Signature

Nominator Signature

Please attach additional pages if required to answer any of the above questions.

Completed forms must be submitted to the President at least 1 week prior to the AGM. Completed forms can be emailed to president@mhringette.com. Any questions should also be directed to president@mhringette.com.