

Director Nomination – Form “A”

Nominee Name (please print): _____ Account #: _____

Address: _____ Postal Code: _____

Home Phone: () _____ Business Phone: () _____ Email: _____

Nominee’s Signature: _____

Instructions for Nomination: *Each candidate seeking election to the Cochrane Lake Gas Co-op Ltd. (CLGC) Board of Directors must provide a minimum of three (3) member nominators (supporters).* For each nominator listed below, the account number provided must be held in the nominator’s name or held with a co-habiting spouse or adult inter-dependent partner. The nominee is responsible for ensuring the information provided below is accurate and complete. For privacy purposes, the information provided on this form will be reviewed and used only by the Election Committee and will be held in the strictest of confidence.

Having obtained the consent of the nominee named above, we the undersigned, hereby nominate the above-named member as a candidate for CLGC Board of Directors.

Nominator’s Name (please print): _____ Account #: _____

Address: _____ Postal Code: _____

Home Phone: () _____ Business Phone: () _____ Email: _____

Nominator’s Signature: _____

Nominator’s Name (please print): _____ Account #: _____

Address: _____ Postal Code: _____

Home Phone: () _____ Business Phone: () _____ Email: _____

Nominator’s Signature: _____

Nominator’s Name (please print): _____ Account #: _____

Address: _____ Postal Code: _____

Home Phone: () _____ Business Phone: () _____ Email: _____

Nominator’s Signature: _____

I hereby certify that all answers and information provided are true, correct and complete to the best of my knowledge. By signing this form, I acknowledge that I have read, understand and agree to abide by the requirements of CLGC’s Code of Ethics as detailed in this Director’s Election Handbook.

 Nominee’s Signature

 Date

