

# SPORTABILITY

Cerebral Palsy Sports Association of British Columbia  
780 SW Marine Drive Vancouver, BC V6P 5Y7  
Tel: (604) 324 1411  
Website: [www.sportabilitybc.ca](http://www.sportabilitybc.ca)  
Charitable registration # 11884 8746 RR0001



## NOMINATION ACCEPTANCE FORM

SportAbility / CP Sports Association of BC

Please print or type.

Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Postal Code: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

I am a paid member in good standing, and agree to have my name stand for election to the Cerebral Palsy Sports Association of BC for the following position (please pick only one):

VICE - PRESIDENT

SECRETARY

DIRECTOR AT LARGE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Nominators (must be members in good standing):

1. \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

2. \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### Candidate Information

Candidates must complete this form; information will be circulated with the ballot exactly as presented (no editing, additions or deletions after 5:00 p.m. October 5, 2017).

Present Occupation: [Click here to enter text.](#)

Volunteer positions previously held with the association:

[Click here to enter text.](#)

Other related training, education, skills, or experience:

[Click here to enter text.](#)

Campaign statement: [Click here to enter text.](#)