

SPORTABILITY

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



NOMINATION ACCEPTANCE FORM

SportAbility / CP Sports Association of BC

Please print or type.

Name:

Address:

City:

Postal Code:

Phone:

Email:

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):

PRESIDENT ☐ TREASURER ☐ DIRECTOR ☐

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 29, 2020).

Present Occupation:

Volunteer positions previously held with the association:

Other related training, education, skills, or experience:

Campaign statement: