

*South Country Co-op Limited*  
*2022 Director Nomination Form*

Candidate Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Member Number: \_\_\_\_\_

*Education and Professional Designations:*

\_\_\_\_\_  
\_\_\_\_\_

*Occupation and Work Experience:*

\_\_\_\_\_  
\_\_\_\_\_

*Involvement with South Country Co-op or other Co-operatives:*

\_\_\_\_\_  
\_\_\_\_\_

*Affiliation with employees, contractors or anyone associated with the South Country Co-op:*

\_\_\_\_\_  
\_\_\_\_\_

*Community or Volunteer Participation:*

\_\_\_\_\_  
\_\_\_\_\_

*Board related experience, skills and/or qualifications:*

\_\_\_\_\_  
\_\_\_\_\_

*Other comments:*

\_\_\_\_\_  
\_\_\_\_\_

*For Your Information, all nominees must:*

- Meet Director Eligibility requirements in accordance with Bylaw 7.02 as per attached.

*I certify that all answers are true, correct and complete to the best of my knowledge.*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

Nominator's Name and Signature		Nominator's Address and Phone:				
Print Name:		Address:				
Signature:					Postal Code:	
Nominator's Co-op Number: <i>(must be in Nominator's Name)</i>		Telephone:	Home:			
			Business:			

*Information, including Criminal Record Check, to be received no later than 4:30pm February 4, 2022 to the attention of:*

*South Country Co-op Limited  
Attn: Wayne Brost Nominations Committee Chair  
Corporate Office  
969 16<sup>th</sup> ST SW  
Medicine Hat, AB  
T1A 4X5*

