

South Country Co-op Limited
2019 Director Nomination Form

Candidate Name (please print) _____

Address: _____

Phone: _____

Member Number: _____

Education and Professional designations:

Occupation and Work Experience:

Involvement with the 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:		

The completed Director Nomination form, with all of the requested information, including Criminal Record Check, to be received no later than 4:30pm FRIDAY, FEBRUARY 1, 2019 to the attention of:

*South Country Co-op Limited
 Attn: Craig Weich, Nominations Committee Chair
 969 16th ST SW
 Medicine Hat, AB
 T1A 4X5*