

SOUTH COUNTRY CO-OP LIMITED

2025 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:	

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			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 4:30 P.M. MST on February 3, 2025, to the attention of:
South Country Co-op Limited
Attn: Simon Neigum, Nominations Committee Chair
969 16 Street SW, Medicine Hat, AB, T1A 4X5
*MINIMUM OF 5 QUALIFIED REFERENCES REQUIRED.**