



NOMINATION FORM 2024 AGM

Name of Nominee:	
Position Nominated For:	
Membership Type:	
Employer:	
Phone Number	
Email:	

Nomination By

I _____, nominate _____ for the position of _____. I certify that I am a Regular or Associate 1 member of the Association in good standing.

Signature: _____, signed at _____, on _____.
Name Location Date

Nomination Seconded By

I _____, second the nomination of _____ for the position of _____. I certify that I am a Regular or Associate 1 member of the Association in good standing.

Signature: _____, signed at _____, on _____.
Name Location Date

Nomination Accepted By

I _____, accept the nomination for the above position.

Signature: _____, signed at _____, on _____.
Name Location Date

Please email the completed nomination form to info@boabc.org no later than **April 12, 2024, at 3:00 PM.**