



DIRECTOR - NOMINATION FORM

I hereby nominate:

for the position of:

I am a member of WMHA in good standing.

Nominated by (please print name):

Nominator's signature:

Date:

I accept the nomination for the position of:

I am a member of WMHA in good standing.

Signed:

Date:

NAME (Print):

STREET:

CITY:

POSTAL CODE:

PHONE NO.:

E-MAIL: