

## NORTHERN ONTARIO HOCKEY ASSOCIATION

110 LAKESHORE DRIVE

NORTH BAY, ONTARIO P1A 2A8

PHONE: (705) 474-8851 ◆ FAX: (705) 474-6019

www.noha-hockey.com



## **NOHA Board of Directors Nomination Form**

•	ereby, nominate to the Northern ard of Directors for the position of
·	•
PERSONAL INFORMATION	•
Name:	Occupation:
Address:	City:
<b>Province:</b>	Postal Code:
Email:	Phone:
Brief Summary of your expe	ence in sport or hockey:
Brief summary of your expe	ence related to Board of Director experience:
Brief summary of your volumorganizations:	eer experience with other volunteer or not-for-profit
Highlight additional skills or contribute to the effective lea	competencies (volunteer or professional) that would lership and governance:
By signing below, I certify the election.	t I have read the NOHA By-Laws and wish to stand for
(Candidate's Name)	(Candidate's Signature)
By signing below, I certify th	t I am a Member in Good Standing of the NOHA.
(Nominator's Name)	(Nominator's Signature)