



GUJARATI CULTURAL SOCIETY OF MANITOBA

NOMINATION FORM

Name of Nominee: _____

(Please Print)

Address of Nominee: _____

Postal Code: _____ E mail: _____

Date of birth* (Y/M/D) _____ Phone #: _____

(*Required by Canadian Custom & Revenue Agency to fill Income Tax of Registered Charities)

NOMINATION FOR THE POSITION OF: _____

Name of Sponsoring Member: _____ Phone No.: _____

Name of Seconding Member: _____ Phone No.: _____

Signature of Sponsor

Signature of Seconder

Date: _____

Date: _____

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To be complete by the Nominee:

I, _____ agree to be nominated for the above position.

I have read the rules and I agree to abide by them and to serve the organization to the best of my ability.

Signature of Nominee

Date