

**PGOSA - NOMINATION FORM**  
 Year: \_\_\_\_\_



**Be Active; Get Involved**

For Election to the Board of Directors of the  
Parkville Golden Oldies Sports Association

<b>Name of Nominee:</b>		<b>Tel No:</b>	
<b>Address - Street/City</b>			
<b>Email:</b>		<b>Postal Code</b>	

**Please choose the Position (s) you are nominating this person for:**

PRESIDENT      VICE PRESIDENT      SECRETARY      TREASURER      DIRECTOR

<b>Skills &amp; Experience</b>
Please give details below of your skills & experience and indicate why you wish to be a member of the PGOSA Board of Directors. (No more than 200 words.)

I am a current member of PGOSA my Membership Number is:  
 I have gained the nominee's consent for their nomination to go forward. YES.

<b>Nominated by:</b>		<b>Tel No:</b>	
<b>Email:</b>		<b>Month day:</b>	mmm/dd

**Please return to: Nominations Committee Chair [nominations@pgosa.org](mailto:nominations@pgosa.org) by March 31**

**\*\* Please note that this nomination will be invalid unless this form has been fully completed and sent to PGOSA by March 31.**