



Consumer's Co-operative Association



P.O. Box 190
Mackenzie, B.C.
V0J 2C0

NOMINATION FORM

I _____ SHARE # _____
(Print name of person doing the nominating)

NOMINATE _____ SHARE # _____
(Print name of person being nominated)

Signature

Dated

I _____ WISH TO LET MY NAME STAND AS A
(Print name of nominee)
DIRECTOR FOR THE MACKENZIE CO-OPERATIVE ASSOCIATION.

Signature

Phone #

Witness

Dated

What experience do you have that would be of benefit to the Board and the Co-op system. IE: Service Clubs, Hobbies, Provincial & Federal local organizations, Local Sports, Accounting and Secretarial Exp.

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Board use Only
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APPLICATION ACCEPTED _____

APPLICATION REJECTED _____