ONTARIO RINGETTE ASSOCIATION PROVINCIAL VOLUNTEER NOMINATION/APPOINTMENT FORM

Please check U one only	Nomination	"	Appointment "
NAME:			
ADDRESS:			
TELEPHONE: Res: ()		_ Bus: ()
POSITION: (Check U one	only) Director-at-Large	"	Provincial Program Chair "
	F	Program:_	
In order to accept this nom outlining background and e Nominated By:	ination or appointment, the	Form mus	st be accompanied by a short resume
a) Nominating Comm	ittee:		
a) Hommanig Comm	nice.		Signature of Chair
b) Charter Members:	1)		
	Region		Signature of Chair
	2)		G. C. C.
c) Registered	Region		Signature of Chair
Members:	1)Association 2)		Signature of President
	Association 3)		Signature of President
	Association		Signature of President
Appointed By:			
a) Regional Director:			
1) A '	Region		Signature
b) Association President:	Association		Signature
c) Previous Standing			
Committee Chair:	Program		Signature
Nominee/Appointee ac	ceptance:		Signature

Nominations and appointments shall be accepted by the ORA business office up to 15 days prior to the AGM. Mail to: Ontario Ringette Association, 1185 Eglinton Ave E., Suite 705, North York, Ont. M3C 3C6 REVISED: FEBRUARY 15, 2000 A-F-02