

Nomination form

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Name of Nominator		hereby nominate		
for election as a director on t				•
Nominator Signature	_	 Date		_
To be filled out by candidate:	:			
Name of Candidate for election of a 2 year term.		mination and a	m willing to let	my name stand
The position I am interested Chair Treasurer General director	in is:			
Additionally, If I am applying for a would still like to be				nd I am unsuccessful, I
By signing this form, I certify Board and I understand that adhere to my responsibilities	if elected, I will res	spect and fulfill		
Candidate Signature	_	 Date		

The completed Nomination Form must be sent by email (pdf or a photo) to treasurer@sudburypride.com by 8PM on Monday, October 6th, 2025. You will receive confirmation that your application has been received within 2 days.