

NORTHERN ONTARIO HOCKEY ASSOCIATION

110 LAKESHORE DRIVE NORTH BAY, ONTARIO P1A 2A8 PHONE: (705) 474-8851 • FAX: (705) 474-6019 www.noha-hockey.ca



to the Northern

NOHA Board of Directors Nomination Form

I, hereby, nominate Ontario Hockey Association Board of Directors for the position of

PERSONAL INFORMATION

| Name: | Occupation: |
|-----------|--------------|
| Address: | City: |
| Province: | Postal Code: |
| Email: | Phone: |

Brief Summary of your experience in sport or hockey:

Brief summary of your experience related to Board of Director experience:

Brief summary of your volunteer experience with other volunteer or not-for-profit organizations:

Highlight additional skills or competencies (volunteer or professional) that would contribute to the effective leadership and governance:

By signing below, I certify that I have read the NOHA By-Laws and wish to stand for election.

(Candidate's Name)

(Candidate's Signature)

By signing below, I certify that I am a Member in Good Standing of the NOHA.

(Nominator's Name)

(Nominator's Signature)