

NOMINATION CONSENT TO ACT AS A DIRECTOR

I _____ (print name)

hereby consent to my nomination to serve as a Director on the
Ardrossan Recreation & Agricultural Society (ARAS) Board of Directors.

I confirm and/or agree to the following: *(please check all that apply)*

- I am a Member in good standing as of the election date *(paid membership)*
- I am eighteen (18) years or older
- I have completed and submitted the Application for Nomination to the Board of Directors
- I have read the responsibilities of a director as stated in the attachments with the Application for Nomination to the Board of Directors
- I have/will read and abide by the Bylaws and other governing documentation
- I provide consent to serve as a director.

Candidate Signature _____ Date _____

Phone # _____ E-mail _____

Nominated by _____ (print name)
Nominator must be an ARAS member

Return to: Nominating Officer (c/o Executive Director)
ArdrossanAg@gmail.com, 587-590-ARAS (2727)

Nomination Consent Procedure

1. Advanced Nominations to be received before elections of directors.
(If you will be absent at the AGM, please ensure your consent for nomination is received prior to the meeting.)
2. Call for Nominations will also be made from the floor.
3. If you are elected, please provide this Nomination Consent with Application for your expressed confirmation to act as a director if you had not already done so.

Thank you for your application and consent for nomination to the Board of Directors of ARAS!