NOMINATION FORM- 2025

This part to be completed by the Nominee

Nominee's Information:

MM DD YY

Full Legal Name: _____ Date of Birth: _____/ _____/ ____

Address: Street name & Number Apt # City Postal Code :

_____

Home: ( ) _____ **Cell:** ( ) _____ **Email address:** _____

Social Media Accounts: Instagram _____ Facebook: _____
Snapchat: _____ TikTok: _____

Twitter: _____ Other: _____

Current Occupation: _____ How long in this occupation? _____Years _____months
Employer name & Address: _____
Work Tel: ( ) _____ Work Supervisor: _____ Highest Level of Education: _____ Graduated from: _____

Legal Status in Canada: ☐ Citizen ☐ PR ☐ Student/Work Permit ☐Other (Please specify): _____

Statement of Interest: in the space below, please provide a brief statement (200 words max) about your interest for this position, your vision for HDM and how you can be an asset **(Attach a separate sheet if necessary):**

_____

_____

_____

_____

_____

By signing this form:

- I understand that this is a legal document and providing false or misleading information may lead to criminal charges.
- I confirm that the information provided on this form is complete and true to the best of my knowledge.
- I agree to have my information and statement of interest to be shared with the General members of HDM for the purpose of election.
- I confirm that I have read HDM constitution, including the responsibilities of the position that I am being nominated for.
- I understand that any violation of the provisions may lead to my dismissal from the Board of Directors.
- I will work faithfully with rest of the HDM Board of Directors and under the supervision of the Advisory council advancing the best interest of HDM.
- I am aware that the term of Board is three years, and I must reside within the boundaries of the Municipality of Hamilton-Wentworth area for the duration of this term.
- I further declare that I have no criminal record, have not declared bankruptcy, **and that the Advisory council of HDM has my consent and permission to obtain my police clearance from law enforcement agencies.**
- I acknowledge that failure to comply with above requirements will automatically disqualify my nomination form.

Nominee's Signature: _____ Date: _____ (Page ½)

NOMINATION FORM- 2025

----------This part to be completed by the Nominators ----------

We, the undersigned, ***confirm that we are voting members of HDM in good standing***, and we are nominating Mr/Mrs:_____ for the Post of_____ of HDM Board of Directors.

We believe that the nominee is an excellent candidate for this position for the following reasons:
(List all reasons)

_____

_____

_____

_____

_____

Nominators' Information:

Full Name	Address	Tel	I have know The nominee For (years)	Signature	Date