

# NOMINATION FORM

## ELECTION TO ThunderCon BOARD OF Directors



Name of Nominee: \_\_\_\_\_

Organization and Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

### Skills & Experience *(see Board Job Description)*

Please give details below of nominee's skills & experience and indicate the position for which they are being nominated. (No more than 200 words.)



**Nominated by\*:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Tel No:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

\*Requires a ThunderCon member to second the nomination.

I confirm I have gained the nominee's consent for their name and details to go forward.

**Signed:** \_\_\_\_\_

**Date:**

Please email completed form to: [ThunderConAGM@thundercon.ca](mailto:ThunderConAGM@thundercon.ca) by January 13th, 2025

**Please note that this nomination will be invalid  
unless this form has been fully completed.**

