

Whistler Minor Hockey Association



CONSENT TO ACT AS A DIRECTOR

By signing below to consent to act as a director, I certify that I authorize member(s) of the Society to nominate me as a candidate for the election to the WMHA Board of Directors and that I am willing and qualified in accordance with Section II below.

If I am absent from the meeting, I hereby consent to stand for nomination and act as director.

Candidate's information

Name: _____

Address: _____

City: _____ **PostalCode:** _____

Phone: _____

Email: _____

I agree to accept a nomination for the following position(s):

___ President

___ Vice-President

___ Treasurer

___ Secretary

___ Coach Coordinator

___ Initiation Coordinator

___ Risk Manager

___ Manager Coordinator

___ Development Coordinator

___ Disciplinary Coordinator

___ Member at Large