

**GABRIOLA SENIOR CITIZENS ASSOCIATION
BOARD OF DIRECTORS NOMINATION**

Nominee Information:

Name: _____ Address: _____

Telephone: Home (____) ____ - _____ Work (____) ____ - _____

Occupation: _____

Describe education, experience and skills that will add value to the Board: _____

Prior Board Experience: _____

Charitable or community activities have you been part of: _____

What is your interest in becoming a part of the GSCA? _____

GSCA Members in Support of This Nomination (3 required):

Nominator: _____ Nominator: _____

Nominator: _____

I, _____, the undersigned, hereby accept the nomination for the position of Director of the GSCA Board.

Date: _____ Signature of Nominee: _____

Completed Nomination Forms are to be submitted to the GSCA Nominations Committee no later than March 5, 2023.