



# Nomination Form for Office Director of Canada's National Firearms Association

## Nomination Form for Office of Director of Canada's National Firearms Association

### Candidate:

Name: \_\_\_\_\_ NFA Membership Number \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Candidate Profile: The candidate must provide a good quality digital photograph and a typed electronic 200 word biography that outlines his or her experience and reasons for wishing to serve as a director of Canada's National Firearms Association.

Date of Birth: \_\_\_\_\_

How long have you been a member of Canada's NFA?: \_\_\_\_\_

Do you have power under Canadian law to sign legally binding contracts? YES/NO

Do you have a criminal record for which you have not received a pardon? YES/NO

I accept the nomination to run as a director for Canada's NFA.

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

We the undersigned members in good standing of Canada's National Firearms Association wish to nominate \_\_\_\_\_ for the position of director.

### Nominators

Name: \_\_\_\_\_ NFA Membership Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ NFA Membership Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to:

**Mail:**  
Canada's National  
Firearms Association  
P.O. Box 49090  
Edmonton, AB  
T6E 6H4

**Fax:**  
780-439-4091