



# NOMINATION FORM

*Office of Director, Canada's National Firearms Association*

## Candidate Information

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

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

Phone: \_\_\_\_\_ 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.*

- 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 National Firearms Association.

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

## Nominators (2)

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

### Nominator #1

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

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

E-Mail: \_\_\_\_\_ How long have you known the candidate? \_\_\_\_\_

Nominator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Nominator #2

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

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

E-Mail: \_\_\_\_\_ How long have you known the candidate? \_\_\_\_\_

Nominator's signature: \_\_\_\_\_ Date: \_\_\_\_\_