

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 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 a director.

I. Candidate's Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email Address: _____

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

____ President 2 Year

____ Vice President 1 Year

____ Treasurer 2 Year

____ Coach Coordinator 1 Year

____ Initiation Coordinator 2 Year

____ Risk Manager 2 year

____ Manager Coordinator 2 Year

____ Discipline Coordinator 2 Year