

Nomination Form for CHS-MC Board Positions

| (Please prin | name) | | |
|---|---------------------|---|--------------------|
| | d that I am willing | anding of the Canadian Hemor g to have my name stand for e | · |
| | (Please print) | (Executive position or Directorship | p) |
| the next AGM on <u>A</u> | pril 24, 2025 | | |
| | | (Signature) | |
| Nominated by: | | | |
| (Please print) | | | |
| declaring that I am Manitoba Chapter | _ | od standing of the Canadian Ho | emophilia Society, |
| | | | |

Nominations cease and will NOT be accepted after April 10th, 2025

Please note, that nominations will <u>only</u> be accepted from this completed form, (can be photocopied). All forms must be returned by April 10, 2025 to:

CHS-MC

Suite 324, 120-1400 Ellice Avenue Winnipeg, Manitoba R3G 0J1

Telephone: 204.775.8625

Email: info@hemophiliamb.ca Web site: www.hemophiliamb.ca