

# Opticians Association of Canada Alberta Representative Nomination Form

## Candidate Information

Name \_\_\_\_\_

Home address \_\_\_\_\_

Contact number \_\_\_\_\_

E-mail address \_\_\_\_\_

License Number \_\_\_\_\_

Number of years as an OAC Member \_\_\_\_\_

Previous experience (if any) with **(name of organization)**

\_\_\_\_\_  
\_\_\_\_\_

Please circle any of the following skills or experience that the candidate possesses.

Finance, accounting

Management, administration

Grant writing

Nonprofit experience

Fundraising and special events

Teaching experience, curriculum development

Other \_\_\_\_\_

Other \_\_\_\_\_

## Submitted By\*

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\* This form is able to be submitted by the candidate himself/herself)

Please submit this nomination to [dschellen@opticians.ca](mailto:dschellen@opticians.ca)

Thank you.