

Opticians Association of Canada – SK Representative Nomination Form

Candidate Information

Name _____

Home address _____

Home phone number _____

E-mail address _____

Work phone number _____

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

Public relations, communications

Contacts, networking

Other _____

Other _____

Submitted by

Name _____ Date _____

Phone _____ E-mail _____

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

____ Yes

____ No

If “yes,” would he/she be willing to serve if elected? ____ Yes

____ No

Please submit this nomination to dschellen@opticians.ca

Thank you.