



**Ontario Agencies Supporting Individuals with Special Needs
Agences ontariennes de soutien pour les personnes qui ont des besoins spéciaux**

Nomination Form
DIRECTOR

I _____
(PLEASE PRINT)

VOLUNTEER

EXECUTIVE DIRECTOR

Address: _____

Telephone # _____

e-mail address _____

Wish to submit my name for position as a Director
On the Board of OASIS

Signature: _____

Rep. Organization: _____

DIRECTORS ELECTION IS FOR TWO YEARS

This is to confirm our approval of _____ as a nominee for
a position of Director on the Board of OASIS.

Rep. Board Signature: _____

Date: _____