

November 2025,

On behalf of the Chestermere Regional Community Association Board of Directors, thank you for putting your name forward as a potential board member. We appreciate your time. Please note that all nomination forms must be completed and returned to the nomination committee by **November 24, 2025.**

All nominees must hold a valid membership as of **November 1, 2025**, and be members in good standing. Nominations will **not** be accepted from the floor at the Annual General Meeting (AGM). If individuals do not have a valid membership by this date and open positions remain following the AGM, the Board may consider appointing interested individuals after the AGM.

Completed packages may be delivered to the recreation centre main office during business hours in a sealed envelope marked "Nomination Committee", or emailed to the following email addresses: boardinfo@chestermerecrca.com

Thank you,

CRCA Nomination Committee



Board of Directors - Nomination Form

I, the undersigned, nominate	,
of	(Town/City)
For the position of Chestermere F	Regional Community Association Director.
Name of Naminaton	
Name of Nominator.	,
Community Membership Number	:
Address:	
Signature:	
Confirmation of Acceptance and 0	Commitment:
l,	, agree to stand for election for the
above position and agree to have	my information circulated to the Nomination Committee for
review in advance of the election.	If elected, I commit the necessary time to fulfill the role on the
Chestermere Regional Communit	y Association Board of Directors.
Signature	-
Date Signed	<u>-</u>



Membership Information: Name: Community Membership Number: _____ Residence Address: Cell Phone: _____ E-mail: **Employment Information:** Current Employer: Mailing Address: _____ Email: Job Title: ______ Business Type_____ **Relevant Experience:** Please list Boards and Committees that you currently serve on or have previously served on (business, community, political, professional, recreational, social, sport, club etc...) Please use another sheet if necessary. (Organization) (Position/Title) (Dates of Service) (Organization) (Position/Title) (Dates of Service)

(Organization) (Position/Title) (Dates of Service)



Skills, Experience and Interests: please mark all that apply with an (X)

to the Board of Directors. References: Please provide t (Name)	wo references that may be contacte (Phone Number) (Phone Number) Chestermere Regional Community A	(Email Address) (Email Address)	
to the Board of Directors. References: Please provide t	, 		
to the Board of Directors.	wo references that may be contacte	ed by the Nomination Committee.	
that you feel are potentially or			
	may be perceived by others as a co	onflict of interest if you are elected	
Conflicts of Interest: Please	list any groups, organizations or bus	sinesses that you are involved with	
Community Association with y	our involvement on the board?		
ow do you feel you could serve the community of Chestermere and the Chestermere Regional			
— Grant/RFP Writing			
Fundraising	Program Evaluation		
 Education/Instruction 	n — Policy Development		
•	— Outreach, Advocacy		
— Accounting/Finance— Community Service	·		

Chestermere, AB T1X 1B2 403.272.7170