



The Canadian Soccer Association
l'Association canadienne de soccer

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ELECTORAL COMMITTEE NOMINATION FORM

PLEASE PRINT	NOMINEE	
Name		
Address of Residence		
Phone		
Email		
Please list your gender identity.		
Are you fluent in English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you fluent in French?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you identify as a visible minority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you identify as an indigenous person in Canada? (First Nation, Metis, Inuit)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you identify as someone with a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature		

PLEASE PRINT	NOMINATOR*	SECONDER*
Name		
Current / Former Occupation		
Capacity in which you know Nominee		
Address		
Phone		
E-mail		
Date		
Signature		