

## PACIFIC COAST AMATEUR HOCKEY ASSOCIATION

CENTRAL OFFICE: #114 - 3993 HENNING DRIVE, BURNABY, B.C. V5C 6P7 TELEPHONE 604-205-9011. FAX 604-205-9016. WEB SITE http://www.pcaha.ca

SERVING AMATEUR HOCKEY IN THE LOWER MAINLAND SINCE 1941

## **Nomination for Executive Committee**

Form135 (Rev.: Jul/18)

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					PLEASE PRINT				
Name:									
Address:									
City:				Postal Code:					
Phone:	Cell:	Fax:			Occupation:				
Position(s) Desire	d:				E-mail:				
2. Hockey Involvement: Please list past positions held, beginning with the most recent season (additional information about background or									
qualifications may be continued on the reverse of this form or attached):									
Season	Season Association		Position(s) Held						
3. Reasons for Seeking a Position with the PCAHA:									
(signature)									
4. Nominated By:									
No. Nominated	By (print name)	Sigi	nature		Hockey Affiliation				
1.									
2.									

No person shall be eligible for election as a holder of elected office within the Society unless he or she is a person in good standing with the Society and is qualified under section 44(3) of the BC Societies Act