



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

NOMINATION PAPERS FOR RMA BOARD OF DIRECTORS

All complete nomination packages must be submitted electronically by 4:30 pm on Monday, November 8 to the RMA Returning Officer, Olly Morrison at olly@RMAAlberta.com.

PART 1 – NOMINATION PAPER FOR AVAILABLE RMA BOARD OF DIRECTOR POSITIONS

We, the undersigned, duly nominate _____ of
Name

Municipality

as a candidate in the election to be held for a two-year term for the office of:

- Vice President District 2 Director District 3 Director District 5 Director

NOMINATORS

As per the RMA Board Elections Policy, each candidate must have two nominators. Self nomination is accepted. For the nomination to be valid, two (2) elected officials from RMA full member municipalities must complete the fields below. Should the signatories not be elected officials from RMA full member municipalities, the nomination will be disqualified.

_____ PRINT NAME	_____ SIGNATURE (By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)	_____ MUNICIPALITY
_____ PRINT NAME	_____ SIGNATURE (By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)	_____ MUNICIPALITY

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PART 2 – CANDIDATE ACCEPTANCE FORM

By signing this form, I declare that:

1. I am eligible as outlined in the [RMA Bylaws](#) to be elected to the RMA Board of Directors,
2. I will carry out the duties and responsibilities of the position if elected,
3. I will adhere to RMA Policy GOV-01: Board Member Code of Conduct & Ethics Policy, and
4. I authorize the RMA to publish my name as a candidate in RMA publications including, but not limited to, the RMA website and Contact newsletter.

CANDIDATE'S NAMED PRINTED

CANDIDATE'S SIGNATURE

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

CANDIDATE'S PHONE NUMBER

CANDIDATE'S EMAIL

CANDIDATE'S MAILING ADDRESS