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# NOMINATION PAPERS FOR RMA BOARD OF DIRECTORS

Being part of the RMA Board of Directors provides a unique opportunity to represent and advocate the broad collective municipal and rural interests of the membership, and to oversee the delivery of services that assist members in their business operations and decision-making processes.

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

We, the undersigned, duly nominate \_\_\_\_\_ of  
Name

\_\_\_\_\_ as a candidate in the election to be held for a  
Municipality

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.

As per the RMA Board Elections Policy, candidates are able to submit nomination papers for both the position of Vice President and the available District Director position that represents their member municipality. In this case, candidates must submit two separate nomination papers and, in the event that the candidate is successful in the Vice President election, their nomination for District Director will be rescinded. The same nominators may be used for both nomination papers.

All complete nomination packages must be submitted electronically by 4:30 pm on Monday, October 23, 2023 to the RMA Returning Officer, Olly Morrison, at [olly@RMAAlberta.com](mailto:olly@RMAAlberta.com).

<p><b>PRINTED NAME</b></p>	<p><b>SIGNATURE</b> (By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)</p>	<p><b>MUNICIPALITY</b></p>
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<p><b>PRINTED NAME</b></p>	<p><b>SIGNATURE</b> (By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)</p>	<p><b>MUNICIPALITY</b></p>
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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.

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**CANDIDATE'S PRINTED NAME**

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**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 INFORMATION

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**MUNICIPALITY**

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**STREET ADDRESS**

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**POSTAL CODE**

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**PHONE NUMBER**

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**EMAIL**