

## NOMINATION PAPERS FOR RMA BOARD OF DIRECTORS – DISTRICT 1

### PART 1 – NOMINATION INFORMATION

As a result of nominations received for the position of Vice President, the RMA is calling for nominations for the position of District 1 Director for a potential one-year term. The election will take place between November 19 to 20th at the RMA Fall Convention. Please review the Fall 2025 Board of Directors Elections Information Package for further information on the roles and responsibilities of RMA Board positions. As per RMA policy, the election for District 1 Director will ONLY take place in the event that the current District 1 Director is elected as Vice President.

### DEADLINES

For the 2025 elections:

- ♦ The nomination deadline for District 1 Director is Monday, November 3, 2025, at 4:30 pm

### CURRENT BOARD MEMBER CANDIDATES

As per the RMA Board Elections Policy, a current board member that is mid-term (i.e., one year into a two-year term) can submit a nomination package for the position of President and/or Vice President without resigning from their board director position. In this case, members of their district will be informed and given two weeks to submit a completed nomination electronically in the form prescribed by the Returning Officer.

For additional information, please review the RMA Board of Directors Election Information Package and related policies.

# 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 2 – 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

one-year term for the office of:

☐ District 1 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 the positions of President, Vice President and the available District Director position that represents their member municipality. In this case, candidates must submit separate nomination papers for each position and, in the event that the candidate is successful in the President election, their nomination for other positions will be rescinded. The same nominators may be used for all nomination papers.

All complete nomination packages must be submitted electronically by the aforementioned nomination deadlines to the RMA Returning Officer, Todd Brand, at [toddbrand@hotmail.com](mailto:toddbrand@hotmail.com).

For additional information, please review the RMA Board of Directors Election Information Package and related policies.

PRINTED 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

PRINTED 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 3 – 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 PRINTED NAME | CANDIDATE’S SIGNATURE<br>(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.) |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

### CANDIDATE INFORMATION

|                |             |
|----------------|-------------|
| MUNICIPALITY   |             |
| STREET ADDRESS | POSTAL CODE |
| PHONE NUMBER   | EMAIL       |