



## National Director Nomination Form 2022-2024 Term

The National Board is comprised of 8 National Regional Directors.

### **CURRENT**

**ON** – Michael Ward – 2021-2023  
**ON** – Charlotte Nagy – 2021-2023  
**ON** – Marj O'Donnell – 2021-2023  
**AB** – Barbara Jackson – 2020-2022  
**MAN/SK** – Deb King – 2021-2023

### **3 SEATS OPEN**

**MARITIMES** – Shawna Rinzler-Johnston-2019-2021  
**BC** - Open1  
**QC** – Open 1

*Article 6.4 Directors shall be required to actively participate at all scheduled meetings. He/she must sit on at least one committee of the association and attend or contribute in writing, by fax or E-Mail, to a minimum of seventy-five (75%) of said committee's scheduled meetings. Pending a decision of the Board, failure to comply with the above may result in the initiation of dismissal.*

**MEETINGS** – Board of Director Meetings – majority of meetings are by conference call. National Directors also sit on their provincial chapter boards.

Please complete the form below to nominate for one of the six (6) open positions available for the 2022-2024 term. The Board of Directors reserves the right to accept or decline a nomination.

**All nominations with Bio must be received by Noon (12:00 pm), Monday February 14, 2022**

RETURN BY FAX, MAIL or EMAIL TO:

CSHA (NOMINATION) 380 MCNAUGHTON ROAD, MABERLY, ON K0H 2B0

Fax: 613-686-6170 / Email: csha@canadian-sport-horse.org

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### **NOMINATOR**

I hereby nominate \_\_\_\_\_ as a candidate for National Director of the Canadian Sport Horse Association. My signature below certifies that I am a 2022 member in good standing of the Canadian Sport Horse Association.

Name: \_\_\_\_\_ CSHA ID# \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

### **NOMINEE**

I accept the nomination and agree to serve as a National Director of the Canadian Sport Horse Association for the 2022-2024 term if elected. My signature below certifies that I am a 2022 member in good standing of the Canadian Sport Horse Association. **I have included my Bio and contributions I will make to the CSHA**

Name: \_\_\_\_\_ CSHA ID# \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_