ESTON MINOR HOCKEY ASSOCIATION

Executive Nomination Form

Please email completed form to
estonminorhockey@gmail.com

Position (check one):

☐ President

☐ Vice President

☐ Secretary (non-voting)

☐ Female Representative

☐ Officials Representative

☐ Board Advisor (2026 Election: Only if no past President is available)

☐ Team Representative (Age Division: _____)

Nominee Name: _____

Phone: _____

Email: _____

Nominated By: _____

Signature of Nominator: _____

Nominee Signature (acceptance): _____

Date: _____

Additional comments about the Nominee: _____

_____

_____

Eligibility Declaration

☐ The nominee is an EMHA member in good standing.

☐ The registration fees/financial commitments of the nominee are paid in full.

☐ To the best of your knowledge, you believe the nominee will follow the EMHA Constitution, Policies and Code of Conduct if elected.

☐ To the best of your knowledge, you believe the nominee to be of good, moral character.

{Office Only: Date Received by association: _____}