
Signature _____

Date _____

PART TWO (to be completed by nominator)

Name of Nominator (please print): _____

Mailing address: _____

Tel: _____ Email: _____

Signature: _____

Date: _____

Please return the completed nomination form by email or mail by March 23, 2018.

To:

Mature Action Community

Box 913

Whistler, BC

VON 1B0

Or

Email: *president@whistlermac.org*