



THE COMPASSIONATE FRIENDS OF CANADA

1-866-823-0141 NationalOffice@TCFCanada.net www.TCFCanada.net

NOMINATION for the NATIONAL BOARD of DIRECTORS

Nomination submitted by: _____ TCF Chapter: _____

NOMINEE INFORMATION

Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

Name(s) of Child/ren who died:

LAST Name: _____ Given Names _____ M / F _____

Date of Death: (dd/mm/yy) _____ Age: _____ Cause of death: _____

LAST Name: _____ Given Names _____ M / F _____

Date of Death: (dd/mm/yy) _____ Age: _____ Cause of death: _____

Attendance at local Chapter meetings: Years: _____ Months: _____

Present / past involvement at TCF local / national levels: _____

Occupation / Profession: _____

Other Volunteer Offices / Activities: _____

Vision for The Compassionate Friends of Canada: _____

NOMINEE AGREEMENT

If elected, I agree to serve a two (2) year term.

Signature of Nominee: _____ Date: _____