

4907 51 St Box 190 Innisfree, Alberta TOB 2G0

Nominators Name

Signature

NOMINATION FORM BOARD OF DIRECTORS

Candidate Information Full Name _____ Date of Birth Telephone # _____ Cell # _____ Email Address_____ Postal Address_____ Member of Minco Gas Co-op Ltd since Employment positions and skills you would bring to the board: Areas of expertise relevant to natural gas co-operative business: Other Board of Director Experience: **Community Service Involvement:** Reason for seeking election: This information may be displayed on our website and in newspapers or newsletters. (Note: date of birth, phone and email information will not be displayed) I confirm I meet all the qualifications per the Minco Gas Co-op Ltd Qualification of a Director and hereby let my name stand for the Board of Directors of Minco Gas Co-op Ltd I authorize Minco Gas Co-op Ltd to verify my membership in good standing **Candidate Name** Signature Date Account

Account #

Date