



4907 51 St
Box 190
Innisfree, Alberta
T0B 2G0

**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 Account # Date

Nominators Name Signature Account # Date