



**MALTON SOCCER CLUB**  
PO Box 59117, Mississauga, ON. L4T 4J1  
Tel: 647-572-0431      [www.maltonsoccerclub.com](http://www.maltonsoccerclub.com)

**I-Director Self Nomination Form** for sitting directors

**Name :** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alt./Cell:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**Position sought:** \_\_\_\_\_

**Comments:**


I declare that I am of legal age and recognized as an adult in the province of Ontario	_____ <i>Initial</i>
I acknowledge that by signing this document, I am certifying that the information provided is true, correct and complete to the best of my knowledge.	_____ <i>Initial</i>
I acknowledge that it is my responsibility to familiarize myself with, Malton Soccer Club's Constitution, Rules, Regulations, Code of Conduct and Harassment Policies.	_____ <i>Initial</i>
I here confirm that as a member of Malton Soccer Club I will uphold and adhere to all its rules regulations and code of conduct and Harassment policies.	_____ <i>Initial</i>
Notwithstanding privacy laws, I hereby give Malton Soccer permission to share some of my personal information with Governing Bodies such as Peel Halton Soccer Association and Ontario Soccer, as well as regulatory affiliates such as the City of Mississauga; and if elected, with the general membership of the club.	_____ <i>Initial</i>

**Signature >>** \_\_\_\_\_

**Date:** \_\_\_\_\_