MALTON SOCCER CLUB

PO Box 59117, Mississauga, ON. L4T 4J1
Tel: 647-572-0431 **www.maltonsoccerclub.com**

N-Director Self Nomination Form **for new directors**

Name : _____

Street Address: _____

City: _____ ***Postal Code:*** _____

Home Phone: _____ ***Alt./Cell:*** _____

Email : _____

Experience & Skills

Tell us about your Skills, training and experience that you feel will add value to the board and the club

I declare that I am of legal age and recognized as an adult in the province of Ontario	*Initial*
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.	*Initial*
I acknowledge that it is my responsibiility to familiarize myself with, Malton Soccer Club's Constitution, Rules, Regulations, Code of Conduct and Harassment Policies.	*Initial*
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 Harrassment policies.	*Initial*
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.	*Initial*

Signature >> _____ **Date:** _____

Complete sign and print the form, then mail to Malton Soccer Club, PO Box 59117, Miss. ON. L4T 4J1 Attn: Nominations Committee or scan and email to to nominations@maltonsoccerclub.com