Saskatchewan Horse Federation

Nomination Form

BOARD OF DIRECTORS

FOR THE TERM: _____/20___ TO _____ 20___

Nominee: [PLEASE PRINT] _____

Address: _____ / _____ / _____
Street/box # City/town Postal Code

Telephone #'s: (H) _____ (B) _____ (Cell) _____

E-mail: _____ **website:** www. _____

SHF Membership Number: _____

NOMINEE'S RESUMÉ

HORSE INTERESTS: (INDICATE MAIN AREAS OF INVOLVEMENT); **INDUSTRY/BUSINESS/HORSE HEALTH** ☐

RECREATION ☐ **COACHING** ☐ **OFFICIATING** ☐ **COMPETITION** ☐ **BREEDS** ☐ **FUNDRAISING** ☐

CURRENT OCCUPATION: (Please indicate place of business and position(s) held): _____

HORSE INDUSTRY INVOLVEMENT: Please indicate areas of participation with horses, outlining # of years and activities:

ORGANIZATIONAL EXPERIENCE: Please indicate any organizations in which you have been involved and indicate any positions held, duration of involvement, size of membership and description of organizations' purposes.

VISION: Please describe why you wish to become a Director of the Saskatchewan Horse Federation.

Nominated by: _____

SHF #: _____

Signature of Nominee: _____

Date: _____