

# NOMINATION FORM



Nominator's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2019 Spirit Award  
Category:  
(check one)**

Organization

Individual

Nominee's Name (individual or organization):  
\_\_\_\_\_

If an organization or group, contact person's name:  
\_\_\_\_\_

If an individual, he/she is affiliated with this co-operative or credit union:  
\_\_\_\_\_

Relationship to the co-operative or credit union (e.g. Board, staff, volunteer, etc.):  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Nominee's Acceptance:** I have read all the information contained in this nomination package. I certify it to be true and correct, and that I am eligible to receive a Co-operative Spirit Award. I agree with the vision and mission of the Ontario Co-operative Association and allow my name to stand for nomination. I consent to the publication of my photograph, information from my nomination package and any audio/video recording used in conjunction with this award.

Nominee's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If signature not available: I, the nominee, acknowledge the nomination.

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

**Nominator's Acceptance:** I have reviewed the guidelines and criteria for the Co-operative Spirit Awards. To the best of my knowledge, I have submitted complete and factual information to support this nomination.

Nominator's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If signature not available: I, the nominator, acknowledge the nomination.

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