# CWR Board Nomination Form

***The IABC Canada West Region (CWR) Board is now accepting nominations for our 2023-2024 Board of Directors.*** The CWR Board is comprised of the following elected positions: Chair, Vice Chair, Past Chair, Board Secretary, Finance Director, National Programs Director, Communications Director, Leadership Development Director, Regional Membership Director, and Professional Development/Sponsorship Director. All positions are represented by current IABC members from the Canada West Region: IABC BC, IABC Edmonton, IABC Calgary, IABC Saskatoon, IABC Regina, IABC Manitoba and CWR members-at-large. For more information about each of the elected roles, look for [***CWR Board Role Descriptions***](https://iabccanada.ca/wp-content/uploads/2023/03/CWR-Board-Role-Descriptions-updated-March-2023-All-Roles.pdf). **Please submit your application to Past Chair Sue Heuman at** [**sueh@focuscom.ca**](mailto:sueh@focuscom.ca) **by end of day on April 9, 2023.**

We are accepting nominations for:

* Vice Chair
* Finance Director
* Regional Membership Director
* Professional Development/Sponsorship Director

**Non-Board Positions**: We are also accepting nominations for the other positions in the event that an incumbent position becomes vacant during the year. In addition, we are pleased to accept nominations for **non-board volunteer support roles** in any of the five portfolios. ***Please indicate your preference(s) for this application:***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **First Choice** | | | | | **Second Choice** | | **No Preference** |
| BOARD POSITION | | |  | | | | |  | |  |
| VOLUNTEER POSITION | | |  | | | | |  | |  |
| **NOMINEE INFORMATION** | | | | | | | |  | |  |
| Name: | |  | | | | Employer/Role/Title: | | |  | |
| Home Chapter: | |  | | | | Membership Number: | | |  | |
| Phone: | |  | | | | Email: | | |  | |
| Address: | |  | | | | | | | | |
| FOR THE NOMINEE: Please tell about yourself (attach resume or LinkedIn link here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | |
| Why would you like to serve on the IABC Canada West Region Board of Directors? | | | | | | | | | | |
|  | | | | | | | | | | |
| What, if any, is your past volunteer experience with IABC? | | | | | | | | | | |
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| If you are nominating yourself, please ask another member in good standing to second your nomination. | | | | | | | | | | |
| Nominator/Seconder NAME: | | | |  | | | | | | |
| PHONE: |  | | | | EMAIL: | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Nominee (or e-signature if submitted by email) | | | | | | | | | | |