



# ONTARIO LACROSSE ASSOCIATION LIFE MEMBERSHIP NOMINATION FORM

DATE: \_\_\_\_\_

NAME OF NOMINEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_

**NOMINEE'S BIO:** must follow criteria as set out in Section B 6.01 of the OLA Constitution.

**NOTE:** Completed bio to be attached to this form. Bio must be as accurate and include as much pertinent and documented information (years of service; volunteer roles; levels of lacrosse participation; awards; etc.) to support the nomination.

## REQUIRED SPONSOR SIGNATURES

**LOCAL CLUB** Name: \_\_\_\_\_

Club and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**LIFE MEMBER** Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**OLA BOARD OF GOVERNORS** Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**OLA BOARD OF DIRECTORS** Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**LIFE MEMBERSHIP CHAIRMAN'S SIGNATURE:** \_\_\_\_\_