



**LACROSSE CANADA
CROSSE CANADA**

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OSHAWA, ON L1J 2J9

APPLICATION FORM FOR BOARD OF DIRECTORS CANDIDATE

CANDIDATE'S PERSONAL INFORMATION

NAME: _____

OCCUPATION: _____

ADDRESS: _____

PHONE: _____

CITY, PROVINCE: _____

EMAIL: _____

POSTAL CODE: _____

Social media accounts (including account identities):

CANDIDATE'S ATTESTATION AND SIGNATURE

By signing below I, _____ acknowledge and attest that:

PRINT Full Name

1. I am willing to serve as a Director
2. I am qualified to act as a Director in accordance with Lacrosse Canada Bylaws
3. If elected, I will divest myself of any active executive position within a Member organization including, without limitation, a position on the board of directors of that Member, or any executive position within a club, league or team within thirty (30) days of being elected
4. I have declared any perceived conflicts of interest that might be created by my election as a Director in accordance with Lacrosse Canada's Conflict of Interest Policy.
5. I authorize Lacrosse Canada to conduct a review of my social media accounts and to perform reference checks.
6. I am aware that any information provided in excess of the requested items will not be reviewed by the Nominating Committee.

Candidate Signature: _____

Signature

Date: _____