

Nominee Information		
Full Name:		
Street Address:		
City:	Prov.	Postal Zip Code:
E-mail:	Phone:	

**Please indicate your reasons for nominating the selected OOWA member; what contributions they may be able to bring to the Association, and how they may aid in furthering the Association’s strategic goals.**

Nominator Information		
Full Name:	OOWA Member #:	Date:
Nominator Signature:	Nominee Signature:	

**Submit completed form to Kelly Andrews: [executivedirector@oowa.org](mailto:executivedirector@oowa.org)**