



SDHHS
Saskatchewan Deaf and
Hard of Hearing Services
Bridging the Gap

Nomination for Board Member

I, _____, a current member of Saskatchewan Deaf and Hard of Hearing Services Inc. (SDHHS), hereby nominate _____
for a position on the Board of Directors of Saskatchewan Deaf and Hard of Hearing Services Inc., for the following reasons:

Signature of Nominator: _____ Date: _____

Printed Name: _____

Contact information: (Email, TTY, and/or Phone Number):_____

[illegible]

SASKATCHEWAN DEAF AND HARD OF HEARING SERVICES INC.

Acceptance of Nomination

I, _____, hereby accept this nomination to the SDHHS

Board of Directors and agree to serve as Director if elected. If I am not already a member of SDHHS, I agree to become one for the duration of my term(s) of office.

Signature of Nominee: _____ Date: _____

Printed Name: _____

Contact information: (Email, TTY, and/or Phone Number):_____

Completed forms can be submitted to board@sdhhs.com