



DECLARATION OF CANDIDACY FORM

Nominee:

ORHA Number:

Address:

City:

Province: ON

Postal Code:

Email:

I, _____, hereby declare my intention to run for the
position of _____ Position _____
for the upcoming Ontario Reining Horse Association (ORHA)
20__ Elections.

I agree to allow my name to be placed on the ballot for the above position and, if elected, will fulfil the obligations to the Board of Director and to the ORHA. I agree, furthermore, to abide by the electoral rules and procedures.

THIS FORM IS NOT VALID UNLESS COMPLETED IN FULL AND SUBMITTED TO THE ORHA NOMINATING COMMITTEE, marketing@orha.on.ca or fax to ATTN: Laura Henderson 905-270-5566, 45 days before the election.

Signature of Nominee

Signature of Witness

Date

Date