

Four Rivers Co-operative

TO:	NOMINATING CO Box 560 Vanderhoof, B. C.	MMITTEE FOR FOUR RIVERS CO-OF	Phone:	(250) 567-4414 (250) 567-4355
FROM:	Date _			-
	Member Name _			-
	Member Number _	Phone Number		-
	Signed by			_
	Please be advise	d that I hereby nominate:		
	Member Name _			
	Member Number _			
	Address _			-
	-			_
		on to the Board of Directors of Four Rivo o be held on Monday, April 29, 2024.	ers Co-op	perative at the
days prior be submitt	to the Annual General	must be received by the Administration Meeting. For the 2024 Annual General m PST Monday, April 15, 2024 . <u>Nomin</u>	Meeting r	nominations <u>must</u>
STATEME	NT OF ACCEPTANCE	E BY NOMINEE:		
with the by	s Co-operative. I ackn laws of the Co-operati	ept the nomination to stand for election a lowledge that I am a member of the Co- ve and observe the provisions of the Co rs; conflict of interest guidelines adopted	operative ompany A	and must comply ct as applicable;
		(Signature)		

Qualifications for a Director

A Director of Four Rivers Co-operative must be a responsible person over the age of 18, a resident of BC and a member of the Co-operative with purchases of at least \$750.00 from the last fiscal year. An individual does not qualify if: is an employee of the association, related to an employee of the association as a spouse, or equivalent to a spouse, an undercharged bankrupt, or convicted of fraud and must be bondable.