



Nomination Form JSGS Alumni Association Board

Name: _____

City: _____

Graduation Year: _____ Program: _____

Why do you want to join the board? (200 or less words)

The following information will **not** be published:

Email: _____

Phone #: _____

Please submit to jsgsalmn@uregina.ca minimum five (5) days prior to the AGM.

For administrator use only.
Date received:
Received by: