



Reference (optional)

You may provide the name and contact information for a reference who can speak to your qualifications.

| | |
|-----------------------|--|
| Full Name | |
| Company | |
| Position Title | |
| Relationship | |
| Email address | |
| Phone Number | |

Consent and Declaration

- I confirm that the information provided in this nomination form is accurate to the best of my knowledge.

- I consent to the use of this information for the purpose of the CSGA Affiliate Director nomination process.

Signature: _____

Date: _____