



CSGA Affiliate Director Nomination Form

Thank you for your interest in serving on the CSGA Board of Directors as an Affiliate Director. Please complete the form below and submit it by the stated deadline.

Nominee Information

Full Name	
Company	
Position Title	
Mailing Address	
City / Prov / PC	
Email address	
Phone Number	

Nomination Questions (required)

1. Please describe your experience and expertise in the seed sector or related industry.
2. Please describe any previous or current experience serving on a board or in a governance role.
3. Why are you interested in serving on the CSGA Board of Directors? Please include any relevant background with CSGA.
4. What skills or competencies would you bring to the Board?



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: _____