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NOMINATION FORM

We hereby nominate _____ as a candidate
(please print)
for election as a Director on the Dairy Farmers of Nova Scotia Board of Directors.

NOTE: In order to be valid, the nomination requires the signature of five DFNS members (i.e., five separate producers).

	Name <i>(please print)</i>	Signature	Date
1			
2			
3			
4			
5			

**COMPLETED NOMINATION FORMS MUST BE RECEIVED BY DFNS
BY 4:30 PM on Friday, September 20, 2019.**

Full Name of Nominee

Farm Name

Address

Phone

Cell

email

As indicated by my signature below, I hereby accept this nomination as a candidate for election as a Director on the Dairy Farmers of Nova Scotia Board of Directors. Pursuant to Section 19(1)(d) of the DFNS By-laws attached is a signed [Code of Conduct](#).

Signature of Candidate

Date

A copy of the DFNS Code of Conduct and by-laws may be obtained from the DFNS office upon request.