



Nomination Form	Date:
First & Last Name:	Email address:
Phone number:	Grower Number:
First year of membership?	Please Submit a digital portrait (if possible)
Town:	
What do you feel you could contribute as an ASG Board meml	ber?
What is your vision for Alberta Seed Growers over the next two years?	
Submit with Nomination form.	onduct, page 3 of the Board member package? 🖵 Yes 🖵 No