CHS Board Director Nomination Form 2026

Page 1 to be completed by the Nominator. Page 2 and 3 to be completed by the Candidate.
Once complete please return via email to info@headachesociety.ca

NOMINATOR

Name:	
Date:	
Signature:	

Please explain, in your opinion, the candidate's qualifications and personal characteristics which make the nominee a suitable candidate for board director in the Canadian Headache Society.

FOR INTERNAL USE	
Reviewed by:	
Date:	

Canadian Headache Society

CANDIDATE

Name:	
City, Province:	
Email:	
Phone:	
Credentials:	
Institution and location:	

Candidate Statement

Please provide a summary of your qualifications and personal characteristics which make you a suitable candidate for membership in the Canadian Headache Society, and state why you are interested in becoming a member.

Professional background and experience relevant to CHS

How do you see your skills and experience assisting the Canadian Headache Society?

Canadian Headache Society

Areas of interest (select any that apply):
☐ Advocacy and government relations ☐ Education and CME ☐ Residents and trainees
☐ Fundraising ☐ Pediatric headache ☐ Research
☐ Membership and stakeholder engagement ☐ Other: _____

These interests will help inform future Board and committee discussions and do not assign a portfolio.

Nominee consent
I consent to this nomination and to CHS sharing my name, credentials and candidate statement with eligible voting members for the Board election. I understand that CHS will review my eligibility under its current bylaws and election process.

Nominee signature	
Date	

Submission deadline: November 23, 2026