Board of director candidate application

Name:_____ Phone Number:_____

Email:_____

Number of years amongst the St-Lazare Stallions:_____

Positions held within the association:_____

Please share why you would be the best candidate:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you meet the requirements specified in our by-laws?_____

Signature:_____

Date:_____