



AUTOMOTIVE RETAILERS ASSOCIATION
Driving Industry Excellence

Automotive Retailers Association Executive Officer Nomination Form 2026

To **NOMINATE** an individual for the position of **First Vice Chairperson** of the Automotive Retailers Association, please fill out this form and e-mail it to sarahbarahmeh@ara.bc.ca, or mail it to the ARA office, Unit #1, 8980 Fraserwood Court, Burnaby, B.C. V5J 5H7.

A deadline to receive applications is 45 (forty-five) days prior to the date set for the next Annual General Meeting (December 2, 2026) at which the elected Executive Officer (First Vice-Chairperson) position in question shall be open for election. Nominations must be received prior to **October 18, 2026** to be considered.

Section I, part 4 of the ARA Bylaws states: Nominations for the election of any person to any position to be elected at the Annual General Meeting shall be in writing and shall be:

- a. Made by an Active Member of the Association who is not a nominee for the same office;
- b. Seconded by an Active Member of the Association who is not a nominee for the same office;
- c. Accompanied by a written acceptance of the nomination by the nominee; and,
- d. Accompanied by a written declaration by the nominee (See below)

POSITION NOMINATED FOR:

☐ First Vice-Chairperson

NOMINEE: _____

NOMINEE BUSINESS NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

TO BE SIGNED BY NOMINEE:

I hereby declare that if elected I will

- (i) Act in the best interests of all members of the Association as a whole;
- (ii) Willfully carry out all the responsibilities of the office to which I am elected; and,
- (iii) Comply with the requirements of the Constitution and Bylaws of the Automotive Retailers Association as well as the Society Act.

Signature Of Nominee

The above-named individual is hereby nominated and seconded by the following **ACTIVE MEMBERS** of the Automotive Retailers Association:

NOMINATOR:

NAME: _____
(First, Last)

BUSINESS NAME: _____

ADDRESS: _____

SIGNATURE: _____

SECONDER:

NAME: _____
(First, Last)

BUSINESS NAME: _____

ADDRESS: _____

SIGNATURE: _____