



Canadian Baton Twirling Federation

La Fédération Canadienne de Baton Sportif

**CBTF HONORARY MEMBERSHIP**

**NOMINATION DEADLINE IS MARCH 1, 2018**

**PLEASE COMPLETE THIS NOMINATION FORM, PREPARE A BIOGRAPHY AND FORWARD BOTH TO [1stvp@cbtf.ca](mailto:1stvp@cbtf.ca) Any questions/concerns – contact Karen Gratton, 1<sup>st</sup> Vice President.**

The contributions and/or achievements of past CBTF Honourary Members have had a long-lasting effect on the development of baton twirling as it is today in Canada and, in some cases, at the international level. Recipients of this award are no longer active in CBTF or the sport nor do they hold a current CBTF membership. If Nominee has served the CBTF on a national level, she/he shall have served the CBTF for a minimum of three years however service to provincial bodies is also taken into consideration.

When preparing the biography, please consider the following:

- Why this individual should be recognized as an Honorary Member of CBTF?
- The number of years the Nominee had served or been a member of the CBTF.
- In what capacity(ies) has the Nominee served the CBTF (eg: administrator, advisory, volunteer, coach, judge, athlete)?
- What contributions has he/she made to the development of baton in Canada?

A maximum of two Honorary Members may be chosen for recognition at the Awards Ceremony of the Canadian Championships. Nominations shall be accepted from any current CBTF member.

CBTF By-laws state: *“Honorary Members shall have the privilege of speaking but shall not be entitled to vote or hold office or otherwise conduct the business of the Federation. They shall, however, be entitled to all services extended by the Federation to active members.”*

The recipient’s biography shall be printed in the Canadians Program. If need be, a shorter summary of the recipient’s biography may be required for the presentation ceremonies at Canadians.

**NOMINATOR’S NAME:**

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Membership Number: \_\_\_\_\_

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**NOMINEE’S NAME:**

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_