



**CANADIAN NATIONAL EXHIBITION ASSOCIATION
NOTICE OF **NEW** APPOINTMENT OF REPRESENTATIVE**

Please return a scanned copy of this form to: CNEA@theex.com

To the Attention of the CNEA Corporate Secretariat

This certifies that the following new representative has been appointed to the Canadian National Exhibition Association for a term commencing on _____ and continuing until such time as a successor is appointed. (It is up to each organization to determine the state) and continuing until such time as a successor is appointed.

Please note that the upcoming CNE Association Annual Meeting will take place during the business day the week of May 27, 2024 – exact date & time to be communicated.

REPRESENTATIVE FOR: _____
Your Association / Organization Name

CONTACT INFORMATION OF APPOINTED REPRESENTATIVE:

Name:	
<i>* Please indicate which is your preferred contact coordinates.</i>	
Business Address:	Resident Address:
e-mail:	e-mail:
telephone:	telephone:
mobile:	

APPOINTEE AUTHORIZATION, CONSENT AND ACKNOWLEDGEMENT:

I, the appointed representative, permit the information noted above to be shared with the CNEA Membership and I consent to the appointment, acknowledge, and agree to support the CNEA vision and mission and authorize the release of this information internally within the CNEA, the authorization, consent, and acknowledgement of which is evidenced by my signature below. [Please sign below]

- Our Vision: Inspiring Canadians. Creating memories.
- Our Mission: To enrich our community by celebrating the past, showcasing the present, promoting the future.
- Our Values: Fun, respect, stewardship, accountability, embrace learning and innovation, loyal to our history and traditions, client focused excellence, inclusivity, diversity, accessibility and reconciliation.

Please note that the organization is currently updating its Strategic Plan which will inform the new vision, mission and values for 2024 – 2028. This will be presented at the Annual Meeting.

Name and Appointed Representative Signature / E-Signature

CERTIFIED BY:

**An Authorized Organization Representative who has authority to confirm the appointee
(cannot be the same person as the appointee):**

Name

Title

Signature / E-Signature

ORGANIZATION'S CONTACT INFORMATION:

Organization Name	
Contact Name <i>(can be the person who certified the appointment)</i>	
Address	
General Org. Telephone #	
Contact Person's Telephone #	
General e-mail	
Contact Person's email	

DATED this _____ day of _____, 2024

We request that you send a copy of this form to your appointee once completed.

Canadian National Exhibition, Exhibition Place, Administration Building
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