



CSPG NOMINATION FORM

For nomination by 25 member signatures

Election Year: _____

Date Call for Nominations Close: _____

By signing this Nomination Form, you are confirming that you have read the Call for Nominations, reviewed the Information to Candidates, and the Nomination Process and that the candidate is eligible and aware of the Term of Office and the time commitments and that you are a Full Member in good standing.

Candidate Name: _____

Candidate CSPG Full Member Number: _____

Candidate home address: _____

Candidate phone number: (work) _____ (home) _____ (cell) _____

Position: (check one)

Director at Large

Finance Director Elect

President Elect

Candidate Declaration

I, _____, know of no reason why I should not be nominated or hold office and accept the nomination to be a candidate for the CSGP Board for the position set out above.

By signing this Nomination Form, I confirm that I have read, understand and, if elected, will be bound by the duties and responsibilities outlined in the Information to Candidates. In witness whereof, I hereby consent this ____ day of _____, ____ (year), in the _____ (city) of _____ (province).

Signature of Candidate/Nominee

CSPG Full Member Number

Nominated by:

NAME (Print Last, First)

Signature

CSPG Full Member Number

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____