



ELECTION NOMINATION FORM

Electoral District 8

Please fill in this form electronically or print clearly using black ink.

We the undersigned members of the College of Psychologists and Behaviour Analysts of Ontario, eligible to vote in **Electoral District 8** nominate,

Nominee's Name:	
Nominee's Registration Number:	
Nominee's Email:	

as a candidate for election to the Council of the College of Psychologists and Behaviour Analysts of Ontario for **Electoral District 8** on September 6, 2024.

I, _____, am willing to stand for election, and if elected, to assume all duties and responsibilities as a member of Council for the position to which I am elected.

Nominee's Signature:	
----------------------	--

Each candidate for election requires two (2) nominators. A single or separate nomination form from each nominator, appropriately signed, will be accepted. That is, one need not have all nominators listed on one form. Please note:

- Signatures on the nomination form can be submitted electronically;
- Forms may be submitted by email, fax or by regular mail.

The undersigned registrants are in good standing and eligible to vote in **Electoral District 8**:

Nominator's Name	Registration #	Signature

Please return this form by 5:00 P.M., August 6, 2024 to:

Fax: 416-961-2635 / email: omedallon@cpo.on.ca