

## NOMINATION FORM **CPSA Director Elections 2025**

We, the undersigned, nominate \_\_\_\_\_\_ CPSA No \_\_\_\_\_\_, CPSA No \_\_\_\_\_\_

for the position of \_\_\_\_\_

By signing below you agree to your data being provided to CIVICA.

NAME	CPSA NUMBER	SIGNATURE
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NB A minimum of 10 (ten) signatures is required