

NOMINATIONS FORM FOR CAPE PRESIDENT

This section is to be completed by the Sponsors

We hereby nominate _____ as President of the Association.

(Sponsorship of 10 Regular or Pending Members of the Association)

Name (Please Print)	Dept.	Bargaining Unit	Contact Tel. #	Signature	Date

This section is to be completed by the candidate

I, (**please print**) _____ accept the nomination to the position of President.

Department	
Bargaining Unit	
Contact telephone number	
Date	
Signature	

This section is to be completed only if a scrutineer is designated

I nominate (**please print**) _____ to act as scrutineer on my behalf, and to perform the duties specified, and abide by the regulations promulgated by the Elections and Resolutions Committee.

I, (**signature of scrutineer**) _____, agree to act as scrutineer and swear that I will not disclose any results of the election in advance of the official announcement of the election results.

Instructions

1. Completed nomination forms in any format with verifiable signatures shall be received at the National Office
no later than September 1, 2008.
2. Nomination forms may be accompanied by up to two pages (8 1/2 x 11) of text using Arial 12 point font or equivalent in which the candidate shall provide a biography and his/her reason for running, contact information

and a website address.