NOMINATION FORM CPSA Director Elections 2020



We, the undersigned, nominate		, CPSA No	
for the position of			
NAME	CPSA NUMBER	SIGNATURE	
			1
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			10
			11
			12
			13
			14
			14
			15