

**NOMINATION FORM**  
**CPSA Director Elections 2023**



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

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

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

NAME	CPSA NUMBER	SIGNATURE
		1
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**NB A minimum of 10 (ten) signatures is required**