

NOMINATION FORM

CPSA Director Elections 2021



We, the undersigned, nominate _____, CPSA No _____

for the position of _____ North Region Director * / South East Region Director * /

National Director (3 years) * or National Director (1 Year) *

*** Strike through those that do not apply. This form to be used for one nominated position only.**

By signing below you agree to your data being provided to Civica Ltd

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