

NOMINATION FORM – BOARD OF DIRECTORS 2018/2019

NOMINEE	(Please Print)	
	(Signature)	
	(Daytime Phone No.)	
	(Email Address)	
	•	nent of two nominators. Nominees and nominators must be CAPPA 119 membership year. All nominations will be vetted by the Board of
Nominations mu	st be received by the CAPPA o	office by midnight September 5, 2018.
NOMINATOR	(Please Print)	(Company)
	(Signature)	
NOMINATOR	(Please Print)	(Company)
	(Signature)	
	•	will be supplied to fellow members to ensure that they will be able to process (assuming positions are not filled by acclamation)
How long have y	ou been a CAPPA member?	
Do you hold a CA	APPA certificate?	
·		within the organization in the past or currently?
What other orga	nizations do you belong to?	
What Positions h	ave you held within them?	
Please feel free t	o add any additional commen	nts that you may like mentioned before the voting process.

PLEASE EMAIL COMPLETED FORM TO: The CAPPA Office at office@cappa.org no later than midnight September 5, 2018.