

## NOMINATION FORM – BOARD OF DIRECTORS 2023/2024

NOMINEE	(Please Print)	
	(Signature)	
	(Daytime Phone No.)	
	(Email Address)	
	•	of two nominators. Nominees and nominators must be CAPPA membership year. All nominations will be vetted by the Board of
Nominations must	be received by the CAPPA offic	e by midnight August 4 <sup>th</sup> , 2017.
NOMINATOR	(Please Print)	(Company)
	(Signature)	<del></del>
NOMINATOR	(Please Print)	(Company)
	(Signature)	
	•	be supplied to fellow members to ensure that they will be able to ess (assuming positions are not filled by acclamation)
How long have you	u been a CAPPA member?	
Do you hold a CAP	PA certificate?	
·	olved in any other capacity with	nin the organization in the past or currently?
What other organi	zations do you belong to?	
What Positions ha	ve you held within them?	
Please feel free to	add any additional comments t	hat you may like mentioned before the voting process.

PLEASE EMAIL COMPLETED FORM TO: The CAPPA Office at <a href="mailto:office@cappa.org">office@cappa.org</a> no later than midnight November 30, 2023.