

NOMINATION FORM – BOARD OF DIRECTORS 2024/2025

| NOMINEE | (Please Print) | |
|--|--------------------------------|---|
| | (Signature) | |
| | (Daytime Phone No.) | |
| | (Email Address) | |
| | • | of two nominators. Nominees and nominators must be CAPPA nembership year. All nominations will be vetted by the Board of |
| Nominations must b | e received by the CAPPA office | e by midnight November 22, 2024. |
| NOMINATOR | (Please Print) | (Company) |
| | (Signature) | |
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| | (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 been a CAPPA member? | | |
| Do you hold a CAPPA certificate? | | |
| Have you been involved in any other capacity within the organization in the past or currently? | | |
| What other organizations do you belong to? | | |
| What Positions have you held within them? | | |
| Please feel free to add any additional comments that you may like mentioned before the voting process. | | |
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PLEASE EMAIL COMPLETED FORM TO: The CAPPA Office at <u>office@cappa.org</u> no later than midnight November 22, 2024.