



ELECTION NOMINATION FORM

Electoral District 5

Please fill in this form electronically or print clearly using black ink.

We the undersigned members of the College of Psychologists of Ontario, eligible to vote in **Electoral District 5** nominate,

Nominee's Name:	
Nominee's Registration Number:	
Nominee's Email:	

as a candidate for election to the Council of the College of Psychologists of Ontario for **Electoral District 5** on March 31, 2024.

I, _____, am willing to stand for election, and if elected, to assume all duties and responsibilities as a member of Council for the position to which I am elected.

Nominee's Signature:	
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Each candidate for election requires five (5) nominators. A single or separate nomination form from each nominator, appropriately signed, will be accepted. That is, one need not have all nominators listed on one form.

Please note:

- Signatures on the nomination form can be submitted electronically;
- Forms may be submitted by email, fax or by regular mail.

The undersigned registrants are in good standing and eligible to vote in **Electoral District 5**:

Nominator's Name	Registration #	Signature

Please return this form by 5:00 P.M., March 1, 2024 to:

Fax: 416-961-2635 / email: cokelly@cpo.on.ca