



ELECTION NOMINATION FORM

Psychological Associate (Non-Voting) Council Seat

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 **Psychological Associate (Non-Voting) Council Seat** nominate,

Nominee Name:	
Nominees Registration Number:	
Nominees Email:	

as a candidate for election to the Council of the College of Psychologists of Ontario for **Psychological Associate (Non-Voting) Council Seat** on March 31, 2021.

I, _____, am willing to stand for election, and if elected, to assume all duties of the 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. Single nomination forms, appropriately signed, will be accepted. That is, one need not have all nominators listed on one form. Due to COVID-19 the following nomination approaches are acceptable for this election:

- Signatures on the nomination form can be submitted electronically.
- You may submit this form by email, facsimile or by regular mail

The undersigned registrants are in good standing and eligible to vote in **Psychological Associate (Non-Voting) Council Seat**:

Nominators Name	Registration #	Signature

Please return this form by 5:00 p.m., March 1, 2021 to:
Fax: 416-961-2635 / email: cokelly@cpo.on.ca