

Nomination Form for COPA Directors – 2017

Nominee _____ COPA Membership # _____

Address _____ City _____ Prov. _____ Postal Code _____

Telephone: Home _____ Work: _____ Fax: _____ E-mail: _____

Nominators

1/ Name _____ COPA Membership # _____ Membership Expiry Date _____ Prov. _____ Postal Code _____

2/ Name _____ COPA Membership # _____ Membership Expiry Date _____ Prov. _____ Postal Code _____

3/ Name _____ COPA Membership # _____ Membership Expiry Date _____ Prov. _____ Postal Code _____

4/ Name _____ COPA Membership # _____ Membership Expiry Date _____ Prov. _____ Postal Code _____

5/ Name _____ COPA Membership # _____ Membership Expiry Date _____ Prov. _____ Postal Code _____

In order to provide voters with comparative information on candidates, nominees will be requested to complete a candidate questionnaire and a 200 to 300 word biography, both which are to be submitted with the nomination form.

**Send to: COPA, 75 Albert Street, Suite 903, Ottawa, ON K1P 5E7 or Fax: 613-236-8646
or E-mail: nomination@copanational.org**