**Nomination Form for COPA Directors – 2018**

**Nominee** COPA Membership #

Address City Prov. Postal Code

Telephone: Home Work: Fax: E-mail:

**Nominators**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**](mailto:nomination@copanational.org)