

Nomination Form – COMP Board Treasurer

Candidate Name:	
Title/Organization:	
Phone/fax/e-mail:	
Candidate Signature:	
	<i>I agree to let my name stand for the position of COMP Treasurer (2021-2023)</i>

Name (Nominator):	
Organization:	
Phone/E-mail:	
Signature:	
Name (Seconder):	
Organization:	
Phone/E-mail:	
Signature:	

Mail, e-mail or fax this form along with a brief bio and platform statement as well as your photo **by**
April 30, 2020.

Chair, Awards and Nominations Committee
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