



NOMINATION FORM

I \_\_\_\_\_ Executive Member from the province/territory of  
\_\_\_\_\_ nominate \_\_\_\_\_

for the position of

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(your signature)

\*\*\*\*\*

PERMISSION FORM

I, \_\_\_\_\_ accept the nomination for the position  
of \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Nominee's signature)

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The Nomination must be accompanied by a letter of recommendation, either from the Branch Executive or Provincial/Territorial Executive, sharing relevant collaborative experiences with the Nominee, and affirming their qualifications.

The Nominee must provide a CV, outlining years of membership, experience with Branch and Provincial/Territorial programs, and other skills or accomplishments.

Nominations must be received by the date listed on the website.

Submit completed nominations to [nominations@cfmta.org](mailto:nominations@cfmta.org), [president@cfmta.org](mailto:president@cfmta.org)