



NOMINATION FORM – Election Year 2016 (Updated)
Per Constitution version effective June 6, 2016
BOARD OF TRUSTEES ONLY

To: The CMANA Returning Officers

I, _____, a
 fully paid member of CMANA residing at:

Address Line1: _____

Address Line2: _____

Phone: _____ Email address: _____

hereby nominate the following fully paid member(s) of CMANA:

[A] Position	[B] Name	[C] Elect <input type="checkbox"/> ALL or <input type="checkbox"/> NONE	[D] Signature of Nominee (accepting the nomination)
The President		<input type="checkbox"/> YES <input type="checkbox"/> NO	
The Vice-President		<input type="checkbox"/> YES <input type="checkbox"/> NO	
The Secretary		<input type="checkbox"/> YES <input type="checkbox"/> NO	
The Treasurer		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Notes:

- (1) If the Nominee wishes to run as a slate, he/she should strike out "NO" under COLUMN [c].
- (2) The nominee's contact details are to be furnished in the continuation sheet on the next page.
- (3) All entries shall be legible.
- (4) This form may be photocopied as needed.

Sincerely,

_____ (Signed)

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BOARD OF TRUSTEES ONLY (Contd.)

I, _____, a fully paid member of CMANA
 residing at:

Address Line1: _____

Address Line2: _____

Phone: _____ Email address: _____

hereby second the above nomination(s).

Sincerely,

_____ (Signed)

Nominee’s Contact Details

[A] Name	[B] Residential address	[C] Phone: No.	[D] E-mail address