COTAPSA
Our CITY, Our PEOPLE

NOMINATION FORM -- COTAPSA's BOARD OF DIRECTORS

To submit your nomination form -- Please mail (address below), fax to COTAPSA at (416) 392-1379 or scan/email to cotapsa@toronto.ca.

I, _____ from _____

Print Name *Choose one of: Cluster A, B, C, City Manager or At Large*

nominate _____

Print Name

To stand for the position of Member of the Board of Directors of COTAPSA Inc.

representing:_____

Choose one of: City Manager Group, City Councillor Staff, ABC's including AOCC's and all other eligible members not included in Clusters A, B or C.

To be completed by Nominee

I, _____ from _____ and

Print Name *Print Division*

_____, accept this nomination.

Print Cluster

I am aware of the time required to act as a Director and have the support of my supervisor to meet those requirements. I am aware, or agree to become aware, of the legal and fiduciary responsibilities of the position and do not have a conflict of interest. In the event of an election I will provide a 100-300 word profile to be posted on COTAPSA's website to assist Members with the voting process.

_____ _____

Nominee's Signature *Date*

CHIEF RETURNING OFFICER, Rebecca Condon
C/O COTAPSA

77 Elizabeth Street, 3rd Floor, Toronto, ON M5G 1P4 | e cotapsa@toronto.ca | t 416.392.7543 | f 416.392.1379