



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*

Please submit Nomination Form no later than Tuesday, Jan 2, 2017 – Noon

CHIEF RETURNING OFFICER, Rebecca Condon
C/O COTAPSA