



www.acfola.ca
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NOMINATION FORM: ELECTIONS FOR BOARD OF DIRECTORS

We hereby nominate:

Of (Address): _____

Telephone: _____ Email: _____

for the position of Director. We confirm that he/she is a member of ACFOLA in good standing.

Nominated by: _____

Telephone: _____ Email: _____

Signed (by Nominator): _____

Seconded by: _____

Telephone: _____ Email: _____

Signed (by Secunder): _____

CONSENT OF CANDIDATE:

I hereby advise the Secretary of my consent to this nomination. I am a member of ACFOLA in good standing. I have been a member of ACFOLA for at least 6 months and I have paid my membership fees in full.

Candidates Name: _____ Signed: _____

Dated: ____/____/____