Staff Association

NOMINATION FORM FOR DIRECTOR

DATE:_____

NOMINEE:_____

NOMINATED BY: _____

SIGNATURE OF NOMINEE:_____

SCHOOL/DEPARTMENT:_____

WHAT POSITION DO YOU CURRENTLY WORK IN AT THE CBE:

_____

BUS. PHONE:_____ **HOME PHONE:**_____

PLEASE TELL US A LITTLE ABOUT YOURSELF AND YOUR REASON FOR RUNNING FOR DIRECTOR:

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Please return this form to the Staff Association Office through the inter-school mail or fax: 242-1238

Additional copies are available on our website:
www.cbestaffassociation.ab.ca