



Council Election Nomination Form

If you are interested in running for Council or nominating a member to run for Council please fill out the attached form and submit it with all required signatures to the College of Denturists of Ontario.

The nomination form must be signed by 3 members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held. For full details of your eligibility to run for election or to nominate a member please read **Articles 10, 12 and 13** of the **CDO By-laws** that are accessible on the College website (www.denturists-cdo.com).

This form can be filled out **electronically** or by hand.

Section 1: Member Standing for Election

Candidate's Full Name:

Electoral District Number:

Registration No.:

Mailing Address:

Unit/Suite:

City:

Province:

Postal Code:

Email:

Phone:

Section 2: Members Supporting the Nomination

We, the undersigned, as members of the College of Denturists of Ontario nominate the member identified above as a Candidate for election to the Council of the College for Electoral District

Member 1

Member's Full Name:

Registration No.:

Member's Signature

Date

Member 2

Member's Full Name:

Registration No.:

Member's Signature

Date

Member 3

Member's Full Name:

Registration No.:

Member's Signature

Date



Section 3: Candidate's Statement and Signature

Declaration

I, _____ consent to allow my name to stand for election as a
Candidate's Full Name

Council member in District _____ to be held on **June 7, 2017**. By accepting my candidacy to stand for election, I declare that I understand the public protection mandate of the College and agree to campaign only in accordance with the public interest objects of the College as set out in the **Health Professions Procedural Code S. 3**. I also declare that I have reviewed **Articles 10, 12 and 13** of the **College By-laws** regarding College elections, eligibility to vote, and nominations.

Candidate's Signature

Date

Section 4: Documents Required from Candidate and Submission Information

In addition to the completed Nomination Form, candidates are invited to provide a brief biography and personal statement with this Nomination Form. This biography and personal statement will be distributed to eligible voters.

Section 5: Nomination Deadline

Nominations must be received on or before **Monday, April 24, 2017**.

Section 6: Form Submission

This Nomination Form and any supporting documentation can be submitted:

By Email: info@denturists-cdo.com

Subject Line: District Election

By Fax: 416-925-6332

Attn: District Election

By Mail:

Attn: District Election

College of Denturists of Ontario

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