



COTAPSA

The City of Toronto Administrative, Professional, Supervisory Association Inc.

NOMINATION FORM FOR MEMBER OF THE BOARD OF DIRECTORS

Please mail, fax or scan and email this form to COTAPSA (Information below)

To be completed by Nominator

I, _____ from _____ and
Print Name *Print Division*

_____, nominate _____
Print Cluster *Print Name*

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

Signature

Date

To be completed by Nominee

I, _____ from _____ and
Print Name *Print Division*

_____, accept this nomination.
Print Cluster

Nominee's Signature

Date

Please mail, fax or email completed Nomination Form no later than **October 8, 2010**

Nominees are required to provide a one page Biography to be posted on COTAPSA's website

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