



Association of the Chemical Profession of Ontario
Association des chimistes professionnels de l'Ontario

Candidate Nomination Form

To the ACPO Secretary:

We, the undersigned Members (3 required), hereby nominate

(Please print) _____

as a candidate for election as Councillor to represent Electoral District No. _____
for the two-year term commencing in the current year.

Nominating Committee:

(1) _____ (2) _____

(3) _____

I agree to serve the appointed term of office, if elected to the above position.

(Nominee) _____

Date: _____

Nominations must reach the Secretary of the Association no later than **April 15th**
of the year in which the term begins. Please mail or fax this form to:

ACPO
1 Yonge Street, Suite 1801
Toronto, Ontario
M5E 1W7
Fax: 416-369-0515