



NOMINATION FORM
Newmarket African Caribbean Canadian Association

Name of Candidate:

Positions being contested (**please place an X to the position of choice**):

- Chair.....
- Vice Chair.....
- Secretary.....
- Treasurer.....
- Director of Youth.....
- Director at Large.....

Nominated by: Signature: _____

Seconded by: Signature: _____

Nomination Accepted: Signature: _____

Please do not write in this space --- For use by Elections Committee

Is the Candidate in good standing? YES NO
If not, please indicate why:

Is the person nominating the candidate eligible to make the nomination? YES NO
If not, please indicate why:

Is the person seconding the nomination eligible to do so? YES NO
If not, please indicate why:

Nomination Approved/Disapproved:

Signature (for Elections Committee) _____