

**NOMINATION FORM
BOARD OF DIRECTORS**

WE, _____
Print Name

Signature

Print Name

Signature

ARE MEMBERS OF URISA ONTARIO, AND WE

NOMINATE _____ as Candidate for Director
Print Name

CONSENT:

I hereby consent to my nomination

Signature

BOARD/EXECUTIVE COMMITTEE

I wish to indicate my interest in the following Board/Executive Committee Positions:

| | |
|--|---|
| <input type="checkbox"/> Director-President | <input type="checkbox"/> Director-Be Spatial/AGM |
| <input type="checkbox"/> Director-Programs | The Following are Appointed by the Board: |
| <input type="checkbox"/> Director-Communications | <input type="checkbox"/> Director-At Large |
| <input type="checkbox"/> Director-Finance | <input type="checkbox"/> Director- Northern Section |
| <input type="checkbox"/> Director-Member Services | <input type="checkbox"/> Director-Western Section |
| <input type="checkbox"/> Director-Education Services | <input type="checkbox"/> Director-Eastern Section |

*Not all position may be available