

THE CENTRAL SERVICE ASSOCIATION OF ONTARIO



NOMINATION FORM FOR THE CSAO EXECUTIVE CHAPTER REPRESENTATIVE

NAME: _____

ADDRESS: _____ CITY/TOWN _____ POSTAL CODE: _____

HOSPITAL EMPLOYED AT WITH ADDRESS: _____

POSITION: _____ E-Mail _____

PHONE NUMBER: _____ FAX: _____

I AM LETTING MY NAME STAND FOR THE POSITION OF CHAPTER REPRESENTATIVE FOR THE CENTRAL SERVICE ASSOCIATION OF ONTARIO.

I AM A CURRENT MEMBER OF THE C.S.A.O. FOR THE YEAR 2010 & I HAVE ENCLOSED A COPY OF MY MEMBERSHIP.

THE TERM OF OFFICE I AM RUNNING FOR IS FROM JUNE 1st 2010 UNTIL MAY 31st 2012.

I AM NOMINATED BY _____ WHO IS A CURRENT 2010 C. S. A. O. MEMBER.

CONTACT INFORMATION FOR NOMINATOR:
ADDRESS: _____

FAX: _____ PHONE _____ EMAIL: _____

I DECLARE THAT I AM EMPLOYED IN A REPROCESSING DEPARTMENT.

SIGNATURE: NOMINEE _____ MEMBERSHIP # _____

NOMINATER: _____ MEMBERSHIP # _____

WITNESS: _____

Please attach a short Biography for the Newsletter with a picture in J-Peg format.

DATE: _____

PLEASE RETURN THIS FORM BY March 15, 2010 TO:
CSAO OFFICE, BOX 225, TIMMINS. ONTARIO P4N7C9 FAX: 705-268-4421