ELECTION YEAR:	
-----------------------	--

WOODSWORTH COMMITTEE AND DELEGATE NOMINATION FORM

All candidates who accept a nomination are required to complete this form.

Please submit the completed nomination form to the election mailbox in the photocopy room on the 2nd floor.

I am running	for election for
My name (pl	ease print)
My address	
My phone nu	mber
My email add	ress
(a) (b) (c) (d) (e)	hat I am eligible to run for an elected position because of ALL of the following: I am a member of Woodsworth Housing Co-op; I am 16 years of age or older; I am not a full-time employee of Woodsworth Co-op, and Should I be in arrears with the Co-op, I am adhering to my mutually agreed repayment plan. I will not be serving as a director concurrently with this committee unless a bylaw says I can. This does not apply to delegates to CHFT or CHFC or SLNA. ation for Membership Committee candidates only: Membership Committee: A member of the Membership Committee may not serve more than four (4) consecutive years, i.e., two (2) consecutive 2-year terms. Must wait 1 year after 2nd term. Board members may not serve on the Membership Committee.
I, the undersigned elections.	gned, confirm my nomination for election at the next Woodsworth Housing Co-op's
Signature	
Today'sDate	

After submitting your nomination form to the Election box (2nd floor):

The members will want to know more about you before they vote. Please send an email to nominate@woodsworthcoop.ca with your profile and photograph for the election process and for publication in the Weekly. Any questions? Ask by email or by note in the election mail box.