

Ubysssey Publications Society

Office Use Only:

Revd on: _____

Revd by: _____

NOMINATION FORM FOR BOARD OF DIRECTORS

We the undersigned hereby nominate:

Name: _____

Faculty: _____ Year: _____ Student Number: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

For the position of **Director on the Board** of the Ubysssey Publications Society.

Signature of Nominee: X _____

Nominated By:

Name: _____ Student Number: _____

Phone: _____ Signature: X _____

Seconded By:

Name: _____ Student Number: _____

Phone: _____ Signature: X _____

Name:

Signature:

Student Number:

01: _____

02: _____

03: _____

04: _____

05: _____

06: _____

07: _____

08: _____

09: _____

10: _____

Candidates must return this form to business@ubyssey.ca and president@ubyssey.ca