

Cowichan District Teachers' Association  
**NOMINATION FORM FOR 2018/2019 ELECTIONS**

I nominate \_\_\_\_\_

for the position of \_\_\_\_\_ (1 year)

for the position of \_\_\_\_\_ (2 year)

( specify executive position or committee)

Nominator signature \_\_\_\_\_

Secunder signature \_\_\_\_\_

I ACCEPT THIS NOMINATION.

NOMINEE SIGNATURE \_\_\_\_\_

Please return this nomination form to the CDTA office.

**Fax: 748-5243**

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