



College of
Dietitians
of Ontario

Nomination Form for Elections – District 2

This form must be received at the College by February 7, 2020 at 5pm
You may send your forms by email or hard copy.

We, the undersigned members of the College of Dietitians of Ontario practicing or residing in **Electoral District 2**, nominate:

_____ of _____
Name of Candidate City, Town, Village

as a candidate for election as Councillor from **Electoral District 2**.

Candidate's CDO registration number: _____ e-mail: _____

Business Telephone: () _____ Fax: () _____

Mailing Address: _____
Number Street

City, Town, Village Province Postal Code

Nominator's Name 6 required	Registration No.	City/Town/Village	Signature
1			
2			
3			
4			
5			
6			

CANDIDATE'S CONSENT:

I consent to allow my name to stand for election as College Councillor for election in **Electoral District 2** to be held on **April 15, 2020**.

NAME (Please print legibly.)

SIGNATURE

DATE

NOTE: Candidates must also sign a declaration form. [Access the declaration form here.](#)

1. Each nominator must be a College member [eligible to vote in their election district at the time of nomination.](#)
2. A nominee must be a College member [eligible for election at the time of nomination and on the date of the election.](#)
3. You may send 6 different nomination forms signed by the 6 different nominees as long as each form is appropriately filled, signed and dated by the candidate.

For further information, please contact Lisa Dalicandro
Telephone (416) 598-1725 or 1-800-668-4990, ext. 261
lisa.dalicandro@collegeofdietitians.org

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