



Nomination Form By-Election District 4

This form must be received at the College by July 26, 2019, no later than 5pm

We, the undersigned members of the College of Dietitians of Ontario practicing or residing in **Electoral District 4**, nominate:

_____ of _____
Name of Candidate City, Town, Village

as a candidate for election as Councillor for **Electoral District 4**.

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

Business Telephone: () _____ Fax: () _____

Mailing Address: _____
Number Street

City, Town, Village Province Postal Code

Nominator's Name	Registration No.	City/Town/Village	Signature

CANDIDATE'S CONSENT:

I consent to allow my name to stand for election as College Councillor in the by-election for **Electoral District 4** to be held on **September 24, 2019**.

NAME (Please print legibly.)

SIGNATURE

DATE

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. Six nominators are required for the nomination to be valid.
4. 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.
5. The nominations and the declaration form are accepted by fax or scanned to email by the due date for nominations; but the nomination form(s) and the declaration form with the original signatures must be received at the College no later than two weeks after the due date.

For further information, please contact Melisse L. Willems, MA, LLB, Registrar & Executive Director:
Telephone (416) 598-1725 or 1-800-668-4990; Fax (416) 598-0274