

Instructions

It is the responsibility of the person being nominated to file a complete and accurate nomination form. Please print or type information (except signatures). All fields are mandatory.

Nominee's Last/Single Name:		Given Name(s):	
Nominated for the Office of (select one): President Secretary-Treasurer Director, County Caucus Director, Large Urban Caucus		Director, Northern Caucus (Northeast) Director, Northern Caucus (Northwest) Director, Regional & Single Tier Caucus Director, Rural Caucus Director, Small Urban Caucus	
Nominee's Municipality:			
Nominee's Municipal Position:			
Nominee's Mailing Address:			
Municipality:		Postal Code:	
Email Address:		Telephone Number:	

Declaration of Qualification and Consent to Hold Office

I, the Nominee mentioned in this Nomination Form, declare that I am presently legally qualified to be elected and consent to hold the office for which I am nominated, if elected.

A Council resolution supporting this nomination is attached or has been sent separately.

Signature of Nominee	Date
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Certification by Chief Returning Officer

I, the undersigned Chief Returning Officer of the Association of Municipalities of Ontario, do hereby certify that I have examined the Nomination Form of the aforementioned nominee filed with me and am satisfied that the nominee is qualified to be nominated for the office indicated above.

Signature	Date
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