

# NOMINATION FORM

We, the undersigned, nominate: (please print)

\_\_\_\_\_  
Name of Nominee (18 yrs. or over)

\_\_\_\_\_  
Regular member/Life Member

\_\_\_\_\_  
Title/Position (Seeking/Requesting)

As a candidate for election to the TCASD's Executive Committee for 2016/2020

\_\_\_\_\_  
Name & Signature of Nominator (1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature of Nominator (2)

\_\_\_\_\_  
Date

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## CONSENT OF NOMINEE

I, \_\_\_\_\_ the above noted nominee, do hereby  
accept this nomination.

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

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Please return by on or before 5:00 PM, on Friday, April 01, 2016, via email or regular mail.