

Policies + Procedures

2018/2019 Election Nomination Form

Selected Position: _____
 Candidate Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____
 Campaign Manager (if applicable): _____
 Campaign Manager Email: _____

Signatures and student ID numbers of (10) regular ACADSA members who support the nomination of the candidate:

| <u>NAME</u> | <u>STUDENT ID</u> |
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I have read the applicable *ACADSA Policies + Procedures* and *Bylaws* and I agree to abide by all rules and procedures as stated therein. I understand that the decision of the Elections Officer is the final authority on the interpretation of all election matters.

Signature: _____ Date: _____

| | | |
|--|----------------|------------------------|
| Office Use Only – Verification that this package has been completed and submitted on time | | |
| Bond Y/N | Transcript Y/N | Platform Statement Y/N |
| ACADSA Witness Signature: _____ | Date: _____ | |
| Elections Officer Signature: _____ | Date: _____ | |