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## ELECTION NOMINATION FORM

**Selected Position:** \_\_\_\_\_

**Candidate Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Campaign Manager (if applicable):** \_\_\_\_\_

**Campaign Manager Email:** \_\_\_\_\_

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

STUDENT NAME	STUDENT ID

I have read the applicable 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:** \_\_\_\_\_