



COLLEGE OF THE ROCKIES FACULTY ASSOCIATION

P.O. BOX 8500, 2700 COLLEGE WAY, CRANBROOK, BC V1C 5L7

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FEDERATION OF POST SECONDARY EDUCATORS - LOCAL 6

NOMINATION FORM FOR FACULTY MEMBER OF CORFA EXECUTIVE

I, the undersigned nominate _____ for the CORFA Executive.
(candidate's name)

Position _____

(NOTE: Nominees and nominators must be current Faculty Association members in good standing.)

ONE NOMINATOR REQUIRED

Nominator _____ (please print)
(name)

(signature)

I, _____, accept the above nomination, for the
Election on **April 24, 2024**, and if elected, intend to serve in and fulfill the responsibilities of the
position for the total length of the term.

*Please return completed form to Info@corfa.org, President@corfa.org, or through inter-office
mail to the CORFA office or President, Joan Kaun.*