



# Council Election Nomination Form

If you are interested in running for Council or nominating a member to run for Council please complete this form and submit it with all required signatures.

This form must be signed by 3 Registered Denturists who support the nomination and are eligible to vote in the electoral district in which the election is to be held. For full details of your eligibility to run for election or to nominate a member please read Articles 10, 12 and 13 of the [CDO By-laws](http://www.denturists-cdo.com) that are accessible on the College website ([www.denturists-cdo.com](http://www.denturists-cdo.com)).

This form can be filled out electronically or by hand.

## Section 1: Member Standing for Election

**Candidate's Full Name:**

Electoral District No.  Registration No.:

Mailing Address:  Unit/Suite:

City:  Province:  Postal Code:

Email:  Phone:

## Section 2: Members Supporting the Nomination:

We, the undersigned, as members of the College of Denturists of Ontario nominate the member identified above for election to the Council of the College for Electoral District:

### Member 1:

Members' Full Name:  Registration No.:

Signature:  Date:

### Member 2:

Members' Full Name:  Registration No.:

Signature:  Date:

### Member 3:

Members' Full Name:  Registration No.:

Signature:  Date:



### Section 3: Candidate’s Statement and Signature

#### Declaration

I,  consent to allow my name stand for election as a Council member for District  in the election to be held on **Wednesday, June 5, 2024**.

By accepting my candidacy to stand for election, I declare that I understand the public protection mandate of the College and agree to campaign only in accordance with the public interest objects of the College as set out in the [Health Professions Procedural Code, Section 3](#). I also declare that I have reviewed Articles 10, 12 and 13 of the [College By-laws](#) regarding College elections, eligibility to vote, and nominations.

Candidate’s Signature:  Date:

### Section 4: Documents Required from Candidate

In addition to the completed Nomination Form, candidates are invited to provide a brief biography and personal statement with this Nomination Form. This biography and personal statement will be distributed to eligible voters.

### Section 5: Nomination Deadline

Completed forms must be received by the College on or before **Sunday, April 21, 2024**, in accordance with the College By-laws. Completed nomination forms submitted by mail must be post marked no later than **Sunday, April 21, 2024**.

### Section 6: Form Submission

Please return this form to the College by one of the following methods:

**Email:** [info@denturists-cdo.com](mailto:info@denturists-cdo.com)

Subject Line: Council Election

**Fax:** 416-925-6332

**Mail:**

Attn: Registrar

College of Denturists of Ontario

365 Bloor Street East, Suite 1606

Toronto, ON M4W 3L4