

**NOMINATION FORM
BOARD OF DIRECTORS
Years 20 to 20**

WE, _____
Print Name

Signature

Print Name

Signature

ARE MEMBERS OF BeSpatial/ urisa ontario,

AND WE **NOMINATE** _____ as Candidate for Director
Print Name

CONSENT:

I hereby consent to my nomination

Signature

BOARD/EXECUTIVE COMMITTEE

I wish to indicate my interest in the following Board/Executive Committee Positions:

<input type="checkbox"/> Director-President	<input type="checkbox"/> Director-Be Spatial/AGM
<input type="checkbox"/> Director-Programs	The Following are Appointed by the Board:
<input type="checkbox"/> Director-Communications	<input type="checkbox"/> Director-At Large
<input type="checkbox"/> Director-Finance	<input type="checkbox"/> Director- Northern Section
<input type="checkbox"/> Director-Member Services	<input type="checkbox"/> Director-Western Section
<input type="checkbox"/> Director-Education Services	<input type="checkbox"/> Director-Eastern Section

*Not all position may be available