

---

---

**ELECTION NOMINATION PAPER – ELECTIONS FOR DISTRICTS 1, 4 AND 5**

College of Chiropractors of Ontario (CCO)

January 2024

---

---

The Election Nomination Paper must be received with the Candidate Undertaking Form at CCO by 4 p.m. on February 16, 2024. Please type or print neatly, using black ink. Forms may be emailed to CCO at [cco.info@cco.on.ca](mailto:cco.info@cco.on.ca), faxed to CCO at **416-925-9610**.

We, the undersigned members of CCO, eligible to vote in Electoral District \_\_\_\_\_,

nominate \_\_\_\_\_ of \_\_\_\_\_  
(Name of Candidate) (City / Town)

as a candidate for the March 2024 election to CCO Council.

Candidate's Registration Number: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

Confidential E-mail Address: \_\_\_\_\_

	Nominator's Name <sup>1</sup> (please print)	City / Town	Registration Number	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**CANDIDATE'S CONSENT:** I consent to allow my name to stand for election as a member of CCO for the Electoral District of \_\_\_\_\_ and agree to serve if elected. I will attend the February 20, 2024 Orientation Session for all candidates.

---

**Candidate's Name**

---

**Candidate's Signature**

---

**Date**

---

<sup>1</sup> Minimum of 10 eligible members who support the nomination and who are eligible to vote in the electoral district is required.