

**ELECTION NOMINATION PAPER – ELECTIONS FOR DISTRICTS 2, 3 AND 4 AND
BY-ELECTION IN DISTRICT 5**

College of Chiropractors of Ontario (CCO)

January 2025

The Election Nomination Paper must be received with the Candidate Undertaking Form at CCO by 4 p.m. on February 18, 2025. Please type or print neatly, using black ink. Forms may be emailed to CCO at 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 2025 election to CCO Council.

Candidate's Registration Number: _____

Business Phone: () _____

Business Address: _____

Confidential E-mail Address: _____

	Nominator's Name ¹ (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 24, 2025 Orientation Session for all candidates.

Candidate's Name

Candidate's Signature

Date

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