



Human Resources  
Professionals  
Association

## NOMINATION FORM (PART B) HRPA BOARD OF DIRECTORS ELECTION – 2010

We, the undersigned voting members of the Human Resources Professionals Association, hereby nominate:

### CANDIDATE

Full Name (please print or type): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter: \_\_\_\_\_

### NOMINATOR 1

Full Name (please print or type): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Member #: \_\_\_\_\_ Chapter: \_\_\_\_\_

### NOMINATOR 2 (Two nominators are required)

Full Name (please print or type): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Member #: \_\_\_\_\_ Chapter: \_\_\_\_\_

### CANDIDATE'S CONSENT AND DECLARATION

I \_\_\_\_\_, as a  CHRP  SHRP or  Fellow Member of HRPA, hereby declare that all information submitted as part of this nomination is accurate and true. I consent to my nomination to HRPA's Board of Directors. I have read all attached material and agree to abide by the HRPA's By-laws.

Signature: \_\_\_\_\_ Member #: \_\_\_\_\_ Chapter: \_\_\_\_\_

This Nomination Form and the Candidate Application for Election Form, must be received by the Chief Executive Officer by email to [ceo@hrpa.ca](mailto:ceo@hrpa.ca) and fax to 647-288-4326 or mail to: Attn: Chief Executive Officer, 2 Bloor Street West, Suite 1902, Toronto, Ontario, M4W 3E2 **no later than November 20, 2009.**