

NOMINATION FORM

Please submit this form via email, mail or fax by 5:00 p.m. Monday May 18, 2017

Name of Nominee: _____

Address: _____

Telephone number: _____

Year of graduation: _____ Email Address _____

Nominated for (position, i.e. Director): _____

Signature: _____ Date: _____

Name of nominator : _____ Phone _____ Email _____

Nominator's signature _____

Name of Seconder: _____ Phone _____ Email _____

Seconder's signature: _____

For information please contact the AAWC 2017 Nomination Committee c/o stephanie.woodside@utoronto.ca

The nominee, the nominator and the seconder are all members of the AAWC

Document to be submitted to:

Alumni Association of Woodsworth College
Woodsworth College
University of Toronto
C/o Stephanie Woodside
119 St. George Street
Toronto ON M5S 1A9
Telephone 416 978-5301
Fax 416 978-3281
Email stephanie.woodside@utoronto.ca

For office use

Date received:
