



**FORMS**  
**Appendix 1-2.3**

**Release Date: March 9 2018**  
Effective Date: March 10 2018  
Revised Date: TBD

**NOMINATION PAPER**  
**DELEGATE**

**PART 1 - CANDIDATE, REFERENCE AND AFFILIATION**

**CANDIDATE - NAME AS IT SHOULD ON BALLOT.**

SURNAME		GIVEN NAME(S)			
DATE OF BIRTH (DD/MM/YYYY)	OCCUPATION		RO NUMBER		
PERMANENT RESIDENTIAL ADDRESS					
No.	Street	Apt.	City	Province	Postal Code
E-MAIL ADDRESS		TELEPHONE NUMBER		MOBILE NUMBER	

**REFERENCE\* (\*Must meet the requirements)**

SURNAME		GIVEN NAME(S)			
PERMANENT RESIDENTIAL ADDRESS					
No.	Street	Apt.	City	Province	Postal Code
E-MAIL ADDRESS		TELEPHONE NUMBER		MOBILE NUMBER	
<p><b>AS THE REFERENCE FOR THIS APPLICANT, I CERTIFY THAT THEY HAVE ACCURATELY REPORTED ANY POTENTIAL CONFLICT OF INTEREST TO THE ASSOCIATION OR ITS PARTNERS.</b></p>					
<p><b>BY SIGNING THE FORM, YOU ARE AGREEING TO THE ABOVE STATEMENT.</b></p>				Signature	
				Date	



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**AFFILIATION\*** (\*The candidate must list all affiliations that they have been affiliated with. This includes any current or past employment)

ORGANIZATION NAME	POSITION	Start Date (MM/YYYY)	End Date (MM/YYYY)
ORGANIZATION NAME	POSITION	Start Date (MM/YYYY)	End Date (MM/YYYY)
ORGANIZATION NAME	POSITION	Start Date (MM/YYYY)	End Date (MM/YYYY)
ORGANIZATION NAME	POSITION	Start Date (MM/YYYY)	End Date (MM/YYYY)
ORGANIZATION NAME	POSITION	Start Date (MM/YYYY)	End Date (MM/YYYY)

**CONFLICT\*** (\*Any nominee or candidate who may be in a conflict of interest to the Association or other organizations must report it here on their nomination paper.)



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**PART 2 - CONSENT TO CANDIDACY**

CANDIDATE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

All potential candidates to run for the office of a Delegate, require a nomination of not less than ten (10) registered members of the Association.

A person who signs as a nominator must:

- Be a registered member of the Association.
- Be a registered constituent within the district the candidate is seeking nomination for.

**As a person who is nominating a potential candidate, your signature signifies that you are consenting to this candidacy.**

NAME (Nominator)	FULL ADDRESS	SIGNATURE	Date



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**WITNESS TO ABOVE SIGNATURES**

The witness to the signature supporting a candidate are not required to be a member of the Alberta Paramedic Association.

NAME	FULL ADDRESS	SIGNATURE