NOMINATION FOR SFU FACULTY ASSOCIATION EXECUTIVE

Please print the following:

Name of Nominee: _____________________________________________________________

Department: _________________________________________________________________

Position nominated for: _______________________________________________________

Nominators (must be SFUFA members):

1. ______________________________________________________________________
   Print Name: __________________________ Department: __________________________
   Signature: ____________________________

2. ______________________________________________________________________
   Print Name: __________________________ Department: __________________________
   Signature: ____________________________

3. ______________________________________________________________________
   Print Name: __________________________ Department: __________________________
   Signature: ____________________________

4. ______________________________________________________________________
   Print Name: __________________________ Department: __________________________
   Signature: ____________________________

5. ______________________________________________________________________
   Print Name: __________________________ Department: __________________________
   Signature: ____________________________

6. ______________________________________________________________________
   Print Name: __________________________ Department: __________________________
   Signature: ____________________________

I consent to this nomination: __________________________________________________
Nominee’s signature: __________________________ Date: __________________________

Please write a brief description of who you are and why you would like to be a member of SFUFA’s Executive Committee for distribution to the membership along with the ballot:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Please return this form to the SFUFA office (AQ 2035) by noon on Friday April 3rd, 2020.