



CGPA

GROUP THERAPY
GROUP TRAINING
GROUP FACILITATION

NOMINATION ENDORSEMENT FORM

(please type or print)

Name: _____ Credentials: _____

Address: _____

Business Telephone: _____ Home Telephone: _____

Fax: _____ Email: _____

Endorsement:

I, _____, hereby nominate _____ (who has been a CGPA member in good standing for two years or longer) for the position of CGPA board member.

Signature: _____

Date: _____

Send completed nominations to admin@cgpa.ca or mail to CGPA, c/o First Stage Enterprises – Jessica, 1 Concorde Gate, Toronto, ON M3C 3N6.