



GROUP THERAPY  
GROUP TRAINING  
GROUP FACILITATION

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**NOMINATION FORM**  
**CANDIDATE INFORMATION**  
(please type or print)

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

**Nominee Consent:**

I, \_\_\_\_\_, consent to my name standing for appointment/election to the office of CGPA Board Member for the designated term of office, and agree to fulfill the duties of the office if appointed/elected. I confirm that I have been a CGPA member in good standing for two years or longer. I confirm that I have read and understand the role and responsibilities of this position and agree to adhere to them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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