



## NLOTB BOARD DIRECTOR NOMINATION FORM

Pursuant to the Election Rules, 2006 (Section 7 of the By Laws of the Newfoundland & Labrador Occupational Therapy Board, NLOTB) made under *The Occupational Therapy Act*, we, the undersigned, nominate \_\_\_\_\_, a member in good standing of NLOTB and otherwise eligible under the Act and Rules, for election as a Director.

\_\_\_\_\_  
Proposer

Full Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Secunder

Full Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the above named, hereby accept the nomination:

\_\_\_\_\_  
Signature

Full Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_