NOMINATION FORM



FOR: ISIJ OF TORONTO

Elect for the positions of: Ombudsman Committee, Governance Committee

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Last Name:	First Name:		Middle Name:	Title:	
Contact Number:		E-mail Address:			
Address:					
City:	Province:		Postal Code:		
Signature:					
SECONDER .					
Last Name:	First Name:		Middle Name:	Title:	
Contact Number:		E-mail Address:			
Address:					
City:	Province:		Postal Code:		
Signature:					
DETAILS OF THE NOMINEE					
I nominateEI	indiv		position of (please place an 'X	(' in only ONE):	
THE FOLLOWING SECTION MUST					
I consent to the abovementioned nomina	ition by way of pr	oviding my de	etails and signature below:		
Last Name:	First Name:		Middle Name:	Title:	
*Cell Number:		E-mail Address:			
Address:					
City:	Province:		Postal Code:		
Signature:					

OUR CENTRES

^{*}The Secretariat and/or speaker's team may contact you on the cell number provided for follow-up on your nomination.

ELECTIONS - NOMINATION FORM



Islamic Shia Ithna-Asheri Jamaat of Toronto
CAMPAIGN (Optional) URL for your campaign site if any:
(each nominee is allowed one URL only)
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Briefly explain why you are the right candidate for this position (100 words maximum - to be posted on jaffari.org election page):
Please attach a high quality picture of yourself with proper hijab for us to include on the elections page.
CONSENT AND AGREEMENT Please initial below.
If elected, I will uphold the governing documents of I.S.I.J. of Toronto (including the Articles, By-laws, Code Ethics).
I consent to having my contact number, email address and other details provided on the Jaffari.org election page
I understand that the nominee, proposer and seconder shall all be members in good standing of the ISIJ of Toronto as of the date that the written nomination is submitted to the Speaker.
I understand that if I am a successful candidate, I will be subject to a criminal reference check at no addition cost to me.