



Canadian Angus Association
Nomination Form 2020

Nominee:

Full Name: _____ CAA Membership #: _____
Mailing Address: _____
City/Town: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Nominated By:

Full Name: _____ CAA Membership #: _____
Mailing Address: _____
City/ Town _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Declaration:

The undersigned hereby declares that they have read the information that accompanied this Nomination Form and that the individual making the nomination and the nominee are:

* 18 years or older

* eligible Alberta Angus Member or representatives of an eligible Alberta Angus Member

By signing this form, the nominee accepts the nomination and consents to hold office as a delegate if elected.

Date Signed: _____ Signature of Nominator: _____

Date Signed: _____ Signature of Nominee: _____