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## **Nomination form for positions on the COF Board of Directors**

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### **Nomination for COF President (2 year term)**

Name of Nominee: \_\_\_\_\_

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

The nominee agrees to this nomination? Yes \_\_\_\_\_

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### **Nomination for Member of the COF Board of Directors (2 year term)**

Name of Nominee: \_\_\_\_\_

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

The nominee agrees to this nomination? Yes \_\_\_\_\_

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### **Nomination for Member of the COF Board of Directors (2 year term)**

Name of Nominee: \_\_\_\_\_

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

The nominee agrees to this nomination? Yes \_\_\_\_\_

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### **Nomination for Member of the COF Board of Directors (2 year term)**

Name of Nominee: \_\_\_\_\_

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

The nominee agrees to this nomination? Yes \_\_\_\_\_