



**95 Thorncliffe Park Drive
Suite 1708
Toronto, Ontario
M4H 1L7**

**416 423-3600
Otbu.office@d12.osstf.ca
www.otbud12.com**

Nomination Form: Delegate to AMPA

I wish to nominate _____

to be a D12 OTBU Delegate to AMPA 2025

.

Nominator's Name: _____

Nominator's Email: _____

Nominator's Phone #: _____

Nominator's Signature _____

I _____ accept the above
nomination.

Candidate's email: _____

Candidate's Phone #: _____



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**This form must be received by the OTBU D12 Secretary,
Lillian.Speediecourt@d12.osstf.ca, or: otbu.Office@d12.osstf.ca
by November 12,2024**