



**THE FIRE FIGHTERS' ASSOCIATION OF ONTARIO
EXECUTIVE NOMINATION FORM**

Date: 20 ___ / ___ / ___

I, (Name) _____ of the
(Department) _____ Fire Department
(Signature) _____

Wish to nominate: (Name) _____
(Address) _____
(Telephone) _____

For the office of: _____

For the year: 2017 / 2018

Nominee's Acceptance: (Signature) _____

Elected Offices (mark box indicating position of nomination)

President <input type="checkbox"/>	Fire Prevention and Education <input type="checkbox"/>
1 st Vice President <input type="checkbox"/>	Laws & Legislation <input type="checkbox"/>
2 nd Vice President <input type="checkbox"/>	Credentials <input type="checkbox"/>
Secretary <input type="checkbox"/>	Games & Competitions <input type="checkbox"/>
Treasurer <input type="checkbox"/>	Ways & Means <input type="checkbox"/>
Board of Directors (5) <input type="checkbox"/>	Occupational Health & Safety (2yr term -1 elected yearly) <input type="checkbox"/>
Membership <input type="checkbox"/>	

RETURN COMPLETED FORMS TO:

Chris R. Karpinchick
pcfd_46@yahoo.ca

**NOTE: Deadline for hand-delivered nomination forms is at the May quarterly meeting
Email nominations will be accepted 30 days prior to the elections at annual convention**