



**Application Form
CLRA Alberta Board of Directors**

NOMINATION:

Names and Signatures of two CLRA Alberta members:

(print) _____ (sign) _____

(print) _____ (sign) _____

CONSENT:

I, _____ (print name) agree to accept the nomination for the position of _____ for the term commencing April 1, 2021, and agree to serve if elected.

Date: _____ Signature: _____

