



**INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS
EASTERN CANADA DIVISION NOMINATION FORM
2010 - 2011**

Office for which candidate is nominated: _____

Name of Candidate: _____

Mailing Address: _____

Telephone Residence: _____ Business: _____

E-mail: _____ Fax: _____

QUALIFICATIONS

Professional Background:

Present: _____

Past: _____

Education: _____

IAAP Background:

International: _____

Division: _____

Chapter: _____

Other Affiliations:

(Continue on reverse side if necessary)

Candidate's Signature: _____ Date: _____

The candidate's name is submitted by a vote of the members of _____ Chapter at its regular meeting on _____. The candidate is qualified and has submitted written consent to serve, if elected, as outlined in the association handbook and in Article III of the Eastern Canada Division By-Laws and Standing Rules.

Chapter President's Signature: _____ Date: _____