

Nominator Form

**Nomination for Director Positions for the
Board of Directors**

Please submit the completed Nominator form by **May 23, 2018** directly to:

Nominations Committee
BC Association of Clinical Counsellors
204 – 780 Tolmie Avenue
Victoria, BC V8X 3W4
Fax: (250) 595-2926 email: nominations@bc-counsellors.org

Nominee

Name: _____ Member #: _____

Address: _____

Phone: _____ Email: _____

Nominator

Name: _____ Member #: _____

Address: _____

Phone: _____ Email: _____

Length of time you have known the nominee _____

In what capacities have you known the nominee? _____

Why do you recommend them for the position? _____

How do you feel the skills/experience of the nominee fit the demands of the Director position?

Do you know of any areas the nominee might need support to better fulfill the duties of the Director position? _____

Signature: _____ Date: _____

My signature certifies that I am a current member in good standing and that the nominee is also a current member in good standing of the Association.