

# NOMINATION FORM

(Please type or print)

I, \_\_\_\_\_ attest that \_\_\_\_\_  
Signature of Nominator Name of Nominee

is a BCATA member, and I nominate him/her for the following award:

\_\_\_\_\_

## NOMINEE INFORMATION

Nominee's Home Address \_\_\_\_\_  
Street/PO Box City Province Postal Code

Current Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Work Address \_\_\_\_\_  
School/Building Street/PO Box City Province Postal Code

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

BCATA Membership Expiry Date \_\_\_\_\_

## NOMINATOR INFORMATION

Nominator \_\_\_\_\_  
(Dr., Mrs., Ms., Miss, Mr.) Last Name First Name Initial

Nominator's Home Address \_\_\_\_\_  
Street/PO Box City Province Postal Code

Current Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Work Address \_\_\_\_\_  
School/Building Street/PO Box City Province Postal Code

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_