

Supporting Parents Of Children with Autism & Asperger Syndrome (SPOCAAS)

Executive Committee Nomination Form 2011 / 2012

I _____, a registered member of SPOCAAS
wish to nominate

_____ as a member of the SPOCAAS Executive Committee, a
Committee of Community Living & Respite Services Inc.

The nominated person is interested in the role of: (Please tick **all** that interest you)

Chairperson Vice Chairperson Secretary Treasurer General Executive Committee

Signed

Name

Seconded sign
(by a registered SPOCAAS member)

Name

Date

I hereby agree to serve on the SPOCAAS Executive Committee, a committee of Community Living & Respite Services Inc. if elected.

Signed

Date