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Royal Architectural Institute of Canada
Institut royal d'architecture du Canada

NOMINATION FORM

**Candidate for:
RAIC Regional Director for Ontario Southwest**

*individual signatures may be submitted on separate forms

Name: _____

Address: _____

Telephone: _____ Alt. Telephone: _____

Email: _____

Signature: _____

Nominators

(1) Name: _____

Address: _____

Signature: _____

(2) Name: _____

Address: _____

Signature: _____

(3) Name: _____

Address: _____

Signature: _____

(4) Name: _____

Address: _____

Signature: _____

(5) Name: _____

Address: _____

Signature: _____

Please return to:

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