

Elections Officer: Hamza Baig,
mhabaig@uwaterloo.ca



**ECE
SOCIETY**

ECE Society Executive Nomination Form

I, _____ (Wat IAM ID: _____) (*please print your name*), wish to enter my name as a candidate in the ECE Society Executive Election for the position of (please X the appropriate box below):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

President

Vice-President, Academic

Vice-President, Social

<input type="checkbox"/>
<input type="checkbox"/>

Vice-President, Marketing / Outreach

Vice-President, Professional

I have read, acknowledge, and will abide by all relevant policies, procedures, and information governing this election as defined in the ECE Society Constitution and Election Rules and Dates document. By signing this form, I confirm that I am a member of the ECE Society (that is, an undergraduate ECE student), will be on-term for the Winter 2019 term, and generally meet all other requirements for this position as outlined in the ECE Society Constitution and Election Rules and Dates document.

Applicant's Signature: _____

Date (YYYY-MM-DD): _____

Applicant Academic Term for Winter 2019: _____

The following 10 ECE Society members support my candidacy for this position. Note, at least 2 must not be from the same academic year (e.g. if the applicant is in 2A, at least two signatures must be from members not in 2A).

(If a applicant is not on-term or otherwise outside of class for the period of the election, a nomination proxy form can be filled to designate an ECE Society member to collect signatures on your behalf and be handed in to the elections officer or elections deputy before the deadline).

Name (<i>please print</i>)	Term	Student Wat IAM ID	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Form checked by Elections Officer: _____

Date (YYYY-MM-DD): _____

Time: _____