Elections Officer: Christopher Chalmers,
cajchalm@edu.uwaterloo.ca
Elections Deputy: Craig Lalumiere,
cjlalumi@edu.uwaterloo.ca

ECE Society Executive Proxy Nomination Form

To run for this election, an applicant is required to submit the regular Nomination form before the deadline with the required signatures. In the event a applicant is off-term or otherwise unable to attend regular classes to collect signatures, a designate proxy can be assigned using this form to collect nomination signatures on their behalf. The applicant and the designate proxy are both expected to abide by any election rules as set out in the ECE Society Constitution and Election Rules and Dates Document. Any signatures collected on this document by submission will, for all intents and purposes, count as signatures on the original Nomination Form to be submitted by the candidate.

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):

☐	President	☐	Vice-President, Marketing / Outreach
☐	Vice-President, Academic	☐	Vice-President, Professional
☐	Vice-President, Social		

I herby authorize _____ (Wat IAM ID: _____) (please print their name) to collect nomination signatures on my behalf on this document for use in conjunction with the Nomination form also presented to the Elections Officer or Elections Deputy.

By signing this form, I confirm 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:

Applicant's Signature: _____

Signature of Designate Proxy: _____

Date (YYYY-MM-DD): _____

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

Name (please print)	Term	Student Wat IAM ID	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Form checked by Elections Officer or Deputy: _____

Date (YYYY-MM-DD): _____

Time: _____