



UNIVERSITY OF TORONTO  
*faculty* ASSOCIATION

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## Nomination Form for UTFA Council

### This section to be filled out by the Nominators

We, members of Faculty Association Constituency #709, Leslie Dan Faculty of Pharmacy, hereby nominate

\_\_\_\_\_

*Nominee's name (please print)*

to be our representative on UTFA Council for the term expiring June 30, 2019.

Name of nominator 1: \_\_\_\_\_

Signature of nominator 1: \_\_\_\_\_

Name of nominator 2: \_\_\_\_\_

Signature of nominator 2: \_\_\_\_\_

### This section to be filled out by the Nominee

I am the member of the University of Toronto Faculty Association noted above and hereby accept nomination for election to UTFA Council.

\_\_\_\_\_

*Nominee's signature*

Please return this form to UTFA by one of the following means:

- by email to [faculty@utfa.org](mailto:faculty@utfa.org),
- by fax to 416-978-7061, or
- by mail to 720 Spadina Avenue, Suite 419, Toronto ON, M5S 2T9.