



Elementary Teachers' Federation of Ontario  
Fédération des enseignantes et des enseignants de l'élémentaire de l'Ontario  
136 Isabella St  
Toronto ON M4Y 0B5  
Telephone: 416-962-3836 Toll free: 1-888-838-3836  
Fax: 416-642-2424  
etfo.ca

**ETFO 2019 ANNUAL MEETING**  
**AUGUST 12-15, 2019**  
**ADDITIONAL CANDIDATE NOMINATION FORM**

To be used when a candidate declares their candidacy from the floor of the Annual Meeting.

**Please check one**

- President     First Vice-President     Vice-President-Open     Vice-President-Female   
 OTF Representative     Executive-Open     Executive-Female   
 Executive – Member of Designated Group (FNMI/member with a disability/LGBTQ/racialized)   
 Executive – Female Member of Designated Group (FNMI/member with a disability/LGBTQ /racialized)

LAST NAME		FIRST NAME	
STREET		CITY	POSTAL CODE
HOME TELEPHONE		EMAIL	
CELL		SUMMER CONTACT INFO (if different)	
ETFO MEMBERSHIP #	SCHOOL/OFFICE AND TELEPHONE		
LOCAL		SELECT TYPE OF LOCAL (Teacher, OT, DECE, PSP, ESP)	

**IF NOMINATED BY FIVE (5) ACCREDITED DELEGATES FROM AT LEAST THREE (3) LOCALS**

1. NAME _____	LOCAL _____
SIGNATURE _____	SELECT TYPE OF LOCAL (Teacher <input type="checkbox"/> OT <input type="checkbox"/> DECE <input type="checkbox"/> PSP <input type="checkbox"/> ESP <input type="checkbox"/> )
2. NAME _____	LOCAL _____
SIGNATURE _____	SELECT TYPE OF LOCAL (Teacher <input type="checkbox"/> OT <input type="checkbox"/> DECE <input type="checkbox"/> PSP <input type="checkbox"/> ESP <input type="checkbox"/> )
3. NAME _____	LOCAL _____
SIGNATURE _____	ELECT TYPE OF LOCAL (Teacher <input type="checkbox"/> OT <input type="checkbox"/> DECE <input type="checkbox"/> PSP <input type="checkbox"/> ESP <input type="checkbox"/> )
4. NAME _____	LOCAL _____
SIGNATURE _____	SELECT TYPE OF LOCAL (Teacher <input type="checkbox"/> OT <input type="checkbox"/> DECE <input type="checkbox"/> PSP <input type="checkbox"/> ESP <input type="checkbox"/> )
5. NAME _____	LOCAL _____
SIGNATURE _____	SELECT TYPE OF LOCAL (Teacher <input type="checkbox"/> OT <input type="checkbox"/> DECE <input type="checkbox"/> PSP <input type="checkbox"/> ESP <input type="checkbox"/> )

**NOMINEE'S ACCEPTANCE**

I hereby accept this nomination.

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Date

**NOMINATION ACCEPTED**

This nomination is hereby accepted  
and campaign activities may commence.

\_\_\_\_\_  
Time

\_\_\_\_\_  
Returning Officer's Signature

**BYLAW III: ELECTIONS, SECTION 3.6**

**ADDITIONAL NOMINATIONS FOR ALL OFFICES MUST BE RECEIVED BY THE RETURNING OFFICER ON NOMINATION FORMS SIGNED BY FIVE (5) ACCREDITED DELEGATES REPRESENTING AT LEAST THREE (3) LOCALS NO LATER THAN HALF-HOUR BEFORE THE TIME STATED ON THE AGENDA FOR THE POSITION WHICH THE MEMBER IS SEEKING.**

**PLEASE SUBMIT TO RETURNING OFFICER**

LL:EM:MMC



**ETFO 2019 ANNUAL MEETING**  
**AUGUST 12-15, 2019**  
**REVISED DECLARATION OF CANDIDACY**

To be used when a candidate is unsuccessful in their initial candidacy selection and wishes to stand for an additional Executive position.

NAME	LOCAL SELECT TYPE OF LOCAL (Teacher <input type="checkbox"/> OT <input type="checkbox"/> DECE <input type="checkbox"/> PSP <input type="checkbox"/> ESP <input type="checkbox"/>
<b>IS HEREBY DECLARING CANDIDACY FOR THE ETFO EXECUTIVE POSITION OF</b> First Vice-President <input type="checkbox"/> Vice-President-Open <input type="checkbox"/> Vice-President-Female <input type="checkbox"/> OTF Representative <input type="checkbox"/> Executive-Open <input type="checkbox"/> Executive-Female <input type="checkbox"/> Executive – Member of Designated Group (FNMI/member with a disability/LGBTQ/racialized) <input type="checkbox"/> Executive – Female Member of Designated Group (FNMI/member with a disability/LGBTQ /racialized) <input type="checkbox"/>	
DATED THIS: _____ DAY OF AUGUST, 2019 AT: _____ A.M./P.M.	
<b>DECLARATION ACCEPTED:</b> This declaration of revised candidacy is hereby accepted. _____ Candidate's Signature	
_____ Returning Officer's Signature	
<b>BYLAW III: ELECTIONS, SECTION 3.7</b> <b>NOTWITHSTANDING THE PROVISIONS OF BYLAW 3.6, NOMINEES WHO HAVE BEEN UNSUCCESSFUL IN AN ELECTION MAY ELECT TO SEEK ANOTHER POSITION ON THE EXECUTIVE FOR WHICH THEY ARE DULY QUALIFIED. A CANDIDATE MUST HAVE AT LEAST TEN (10) MINUTES TO MAKE THAT DECISION.</b>	

**PLEASE SUBMIT TO RETURNING OFFICER**