

Clan Campbell Society

(North America)

Commissioner of the Year

Nomination Form

Nominator Name:		For Year:	
Nominator Address:		Phone:	
Name of Nominee:		Date Joined:	
Nominee Position or Title:			
Nominee Street Address:			
Nominee City, State, Zip:			

Nomination Testamonal:

Signature: _____ **Date:** _____

Use additional copies of this form if needed. Please number each page.

This form must be submitted to the CCSNA Vice-President no later than 5 months BEFORE the AGM.