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**416 423-3600
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www.otbud12.com**

Nomination Form: Delegate to AMPA

I wish to nominate _____

to be a D12 OTBU Delegate to AMPA 2026

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Nominator's Name: _____

Nominator's Email: _____

Nominator's Phone #: _____

Nominator's Signature _____

I _____ accept the above
nomination.

Candidate's email: _____

Candidate's Phone #: _____

This form must be received by the OTBU D12 Secretary,
Lillian.Speediecourt@d12.osstf.ca, or: otbu.Office@d12.osstf.ca
by November 11, 2025.