



NOMINATION FORM

for office use only

Nominee

Name in full

PREFIX FULL NAME

Address

Town / City

Province Alberta Postal Code

Phone (work)

(home)

(cell)

E-mail

Nominator

Name in full

PREFIX FULL NAME

Address

Town / City

Province Postal Code

Phone (work)

(home)

(cell)

E-mail

Relationship to Nominee

Secunder

Name in full

PREFIX FULL NAME

Address

Town / City

Province Postal Code

Phone (work)

(home)

(cell)

E-mail

Relationship to Nominee

Collection of the personal information on this form is authorized under the Alberta Order of Excellence Act and is required for the purpose of operating the Alberta Order of Excellence. The information will be used for the selection of inductees and is subject to the disclosure rules set forth in the Freedom of Information and Protection of Privacy Act. For further information about the collection and use of this personal information, please contact the Executive Director of the Alberta Order of Excellence Council at 780-449-0517.