

NOMINATION FORM

We, the undersigned, being members in good standing of LICA, nominate:

(name)
ctions on October 5, 2023 for the position of
Y/TRAPPING DIRECTOR
(Seconder)
(Name—printed)
(Address)
ATE'S ACCEPTANCE

and, if elected, I will accept the office for which I am nominated. I also certify that I either hold an active trapping license, am actively involved in a forestry operation, am a Registered Professional Forester, or am a Registered Forest Technician. (Please attach certification).

LICA

(Signature of candidate)

(Date)