

2017 Individual Nomination Signature Page

Your Name _____

To be signed by 20 current PhillyCAM members and submitted in hard copy form in person, via fax to 267 639 5482 or mail postmarked 2/13/16. Members may sign nomination forms for multiple candidates. You may not sign your own form.

1) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

2) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

3) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

4) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

5) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

6) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

7) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

8) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

9) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

10) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

11) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

12) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

13) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

14) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

15) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

16) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

17) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

18) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

19) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___

20) PhillyCAM Member (please print) _____

Signature _____ Date ___/___/___