Category 3 - Public Member
Nomination Form

PLEASE PRINT/TYPe ALL NOMINATION INFORMATION. Duplicate form as needed.

Nominees in Category 3 cannot be a Doctor of Chiropractic (D.C.), nor associated with a CCE accredited Program/Institution, nor a member of any related or affiliated trade or membership organization, or have been officially associated with a CCE accredited Program/Institution within the past 5 years. [CCE Bylaws 6.02(c)]

1. NOMINEE INFORMATION

Name: _____________________________________________________________

Address: ___________________________________________________________

Phone: (_____)________________________ Email: _______________________

2. NOMINEE VERIFICATION

Please verify compliance with CCE Bylaws by checking the following requirements:

The nominee is not a chiropractor, nor is a spouse, parent, child or sibling of the nominee a chiropractor.
Nominee meets the above requirement: Yes ____ No ____

The nominee is not a member nor has a spouse, parent, child or sibling associated with any related, associated, or affiliated chiropractic trade associations or membership organizations.
Nominee meets the above requirement: Yes ____ No ____

The nominee is not currently or has not been associated with nor has a spouse, parent, child or sibling of any doctor of chiropractic degree program or institution within the past five years.
Nominee meets the above requirement: Yes ____ No ____

3. NOMINATOR INFORMATION (If self-nomination, a signature is all that is required)
Member of the chiropractic academic/professional community or the public at large making this nomination:

Name: _____________________________________________________________

Signature: __________________________________________________________

Phone: (_____)________________________ Email: _______________________

***VERIFICATION OF BYLAWS REQUIREMENTS BY NOMINEE IS REQUIRED IF NOT SELF-NOMINATION***

I, ______________________________________________________ (Printed Name of Nominee), accept the nomination submitted and have reviewed and verified the requirements listed above in Item 2.

______________________________________________________ ___________________________________
Signature of Nominee Date