



## Lethbridge Public Interest Research Board Election Nomination Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signatures of ten University of Lethbridge undergraduates that support your nomination for a position on the LPIRG Board of Directors:

Name	Email	Student ID number

Your Signature	Date