**Candidate Affiliation Declaration Form 2020**

**Please fill out one completed form per Affiliation group. You do not need to contest every position to form an Affiliation.**

|  |
| --- |
| **Affiliation Name:** |
| **Affiliation Primary Contact Name:** | **Email** | **Phone #** |
| **Name****(please print)** | **Position** | **Department** | **Signature** | **Student #** |
|  | **PRESIDENT** |  |  |  |
|  | **VP-EXTERNAL** |  |  |  |
|  | **VP-FINANCE** |  |  |  |
|  | **VP-OPERATIONS** |  |  |  |
|  | **VP-ACADEMIC** |  |  |  |
|  |
| **Line for Office Use Only** | **Date Received:** | **Received by:** | **Comments:** | **Verified by: (initials)** |

## **Return by 4:00pm on Friday March 6, 2020,to the GSA Office at 600 UC, Carleton University**