**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**