

DE LA SALLE CREDIT COOPERATIVE

CERTIFICATE OF CANDIDACY

This is to certify that I am nominating

(Name of Nominee in Print)

2X2 PICTURE

for the position of (check one)

_____ Sectoral Representative (DLSU-Manila & CSB)

_____ Sectoral Representative (DLS-Zobel)

_____ Sectoral Representative (DLS-Dasmarinas)

_____ Audit and Inventory Committee Member

_____ Credit Committee Member

_____ Election Committee Member

(Name of Nominator in Print)

(Signature)

NOMINATION ACCEPTED:

(Signature of Nominee)

Date

For ELECOM use only

Application Received by :

Printed Name & Signature

Signature of ELECOM Member

Signature of ELECOM Member/Chair

Date Received

Date Signed

Date Signed

Time

REMARKS: _____

**Please submit three copies*

cc: *ELECOM*
Nominator
Nominee

Candidate's Profile Form

Last Name	Name	Middle Name
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Nickname/Alias: _____ **Campus:** _____

Job Title/Position: _____ () **Full Time** () **Part Time**

Department: _____ **Office Tel. #:** _____ **Local:** _____

E-mail address: _____ **Mobile Phone #:** _____

College Degree: _____ **Masteral/ Ph.D :** _____

No. of years work experience at De La Salle _____

No. of years as member of De La Salle Credit Cooperative: _____

Position held at DLSCC _____	Year _____
_____	Year _____
_____	Year _____