CCA Fellow

Seconding Form

In support of the Nomination of a Candidate for Membership in the

College of Commercial Arbitrators

Seconding Fellow: _			
Contact Information: _			
Name of Candidate for F	ellowship:		
become a Fellow of the C	College of Comme rsonal knowledge	didate identified above for consideration of this second about the candidate's competence ation:	cond
(Insert specific seconding	g details here or at	ttach a separate letter.)	
Date		Seconding Fellow's Printed Name	
		Seconding Fellow's Signature	