



MANITOBA ASSOCIATION FOR MEDICAL LABORATORY SCIENCES

585 London Street
Winnipeg, Manitoba R2K 2Z6
E-mail: president.mamls@gmail.com

NOMINATION FORM for Board of Directors

We wish to nominate: _____

for the office of _____, for the 20 _____ term.

Proposed by:
(Name) _____ MAMLS/CSMLS ID# _____

Seconded by:
(Names) _____ MAMLS/CSMLS ID# _____

_____ MAMLS/CSMLS ID# _____

_____ MAMLS/CSMLS ID# _____

_____ MAMLS/CSMLS ID# _____

Note: The nominee, the proposer, and all seconders must be members in good standing of the MAMLS.

I accept the above nomination for election to the Manitoba Association for Medical Laboratory Science for the ensuing _____ year term:

SIGNATURE of NOMINEE: _____

CSMLS ID # _____ MAMLS ID # _____

PHONE # _____ DATE _____

E_MAIL _____

*THIS FORM SHOULD BE ACCOMPANIED BY A SHORT DIGITAL C.V. **AND** A DIGITAL HEAD SHOT PHOTO FOR PUBLICATION PURPOSES TO THE MEMBERS.*

DEADLINE for RECEIPT of Nominations: July 2nd (extended to August 1)