

Canadian Society for Medical Laboratory Science Société canadienne de science de laboratoire médical

NOMINATION FORM

We, the undersigned voting member	s of the CSMLS w	ish to nominate	
	CSMLS ID#		
for the following office on the CSMLS	Board of Director	rs:	
Director	Region		
Name	Supporter	CSMLS ID#	Signature
	Proposer		
	Seconder		
Please note: Nominations by members 1) All nominators must be eligible election is held. If any of the this will invalidate the nominations by members in the second secon	le voting membe	rs of the CSMLS in	the year in which the

An Agreement to Nomination form signed by the nominee must accompany this nomination.

2)

Reviewed October 2023