CSMLS SCSLM

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

NOMINATION FORM

We, the undersigned voting members of the CSMLS wish to nominate

_____ CSMLS ID# _____

for the following office on the CSMLS Board of Directors:

☐ Director ☐ MLA ☐ Region _____

☐ Bilingual

Name	**CSMLS ID#**	**Signature**

Please note: Nominations by members at large require the signatures of ten (10) members.

1) All nominators must be eligible voting members of the CSMLS in the year in which the election is held. If any of the nominators have not paid their fees by the January 1st deadline, **this will invalidate the nomination**.

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

Reviewed September 2018