



**MANITOBA ASSOCIATION FOR MEDICAL LABORATORY SCIENCES**

585 London Street

Winnipeg, Manitoba R2K 2Z6

E-mail: [president.mamls@gmail.com](mailto: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.*

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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: September 1, 2022**