



ACMDTT Council Member Nomination

Nominator		
Last Name	First Name	ACMDTT #
Daytime Phone Number	Evening Phone Number	E-mail
<p>I nominate the below person who is an active member of the ACMDTT for the position of Council Member.</p> <p>Signature of nominator: _____</p>		

Nominee		
Last Name	First Name	ACMDTT #
Address	City/Town	Postal Code
Daytime Phone Number	Evening Phone Number	E-mail
<p>I am willing to let my name stand for the election for the position of Council Member</p> <p>Signature: _____</p>		

Nomination Information
<p>Presently, there is one ACMDTT Council vacancy, to be elected by the membership. The election results will be announced at the AGM held April 14, 2012. In accordance with the bylaws, this position must be filled by a Nuclear Medicine Technologist member of the College. The elected member will serve a three-year term from July 2012 – June 2015.</p> <p style="text-align: center;">Please submit completed nomination form to: c/o ACMDTT, Nominations Committee Chair 800, 4445 Calgary Trail, Edmonton, AB, T6H 5R7</p> <p style="text-align: center;">Or fax to 780-432-9106</p> <p style="text-align: center;">Deadline for applications is February 3, 2012.</p>



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Required Information- This information will be posted in the March Viewbox and on the election page. Please tell the membership about yourself!

Why do you wish to become a council member?

What attributes do you believe you will bring to this position?

