



**VICE PRESIDENT BOARD OF DIRECTORS  
NOMINATION FORM**  
(TERM OF OFFICE JUNE 1<sup>ST</sup> 2020 TO MAY 31<sup>ST</sup> 2022)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOSPITAL ADDRESS WHERE YOU ARE EMPLOYED: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

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I AM NOMINATED BY: \_\_\_\_\_

WHO IS A CURRENT 2019-2020 MDRAO MEMBER

CONTACT INFORMATION FOR NOMINATOR:

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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I AM LETTING MY NAME STAND FOR THE POSITION OF VICE PRESIDENT FOR THE MEDICAL DEVICE REPROCESSING ASSOCIATION OF ONTARIO

I declare that:

- I AM EMPLOYED IN A REPROCESSING DEPARTMENT
- AM A CURRENT MEMBER OF MDRAO FOR THE YEAR 2019-20120
- I MEET THE CRITERIA IN THE 2019 MDRAO CONSTITUTION ARTICLE 5.2
- I HAVE ATTACHED A BIOGRAPHY AND A PHOTOGRAPH OF MYSELF IN JPG FORMAT

SIGNATURE: NOMINEE \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

NOMINATER: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE RETURN THIS FORM BY FEBRUARY 15, 2020 TO THE MDRAO OFFICE BY:

FAX: (416)489-1713 E-Mail: [info@mdrao.ca](mailto:info@mdrao.ca)

MAIL: MDRAO OFFICE 202-10 Morrow Ave. Toronto, ON M6R 2J1