



**CHAPTER EXECUTIVE – NOMINATION FORM**  
(TERM OF OFFICE JUNE 1<sup>ST</sup> 2020 TO MAY 31<sup>ST</sup> 2022)

**DELTA CHAPTER**

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

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

HOSPITAL: \_\_\_\_\_

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

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

---

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

WHO IS A CURRENT 2019-2020 MDRAO MEMBER.

CONTACT INFORMATION FOR NOMINATOR:

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

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

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

---

I AM LETTING MY NAME STAND FOR THE \_\_\_\_\_ POSITION OF THE MEDICAL  
DEVICE REPROCESSING ASSOCIATION OF ONTARIO **DELTA CHAPTER**

I DECLARE THAT:

- I AM EMPLOYED IN A REPROCESSING DEPARTMENT
- I AM A CURRENT MEMBER OF MDRAO FOR THE YEAR 2019-2020
- 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 MARCH 7, 2020 TO THE MDRAO OFFICE BY:

FAX: 416-489-1713 E-Mail: info@mdrao.ca

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