



CHAPTER EXECUTIVE – NOMINATION FORM
(TERM OF OFFICE JUNE 1ST 2020 TO MAY 31ST 2022)

SIGMA 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 **SIGMA 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