

CHAPTER REPRESENTATIVE ON BOARD OF DIRECTORS NOMINATION FORM

(TERM OF OFFICE JUNE 1ST 2022 TO MAY 31ST 2024)

DELTA ETA GAMMA LAMBDA SIGMA THETA

NAME:		
HOME ADDRESS:	CITY:	POSTAL CODE:
HEALTHCARE FACILITY ADDRESS:		
POSITION:	E-MAIL:	
PHONE NUMBER:	FA	AX:
I AM NOMINATED BY:		
WHO IS A CURRENT 2021-2022 MDRAO VOTING MEMBER.		
CONTACT INFORMATION FOR NOMINATOR:		
HOME ADDRESS:	CITY:	POSTAL CODE
PHONE: FAX		
EMAIL:		
I AM LETTING MY NAME STAND FOR THE CHAPTER REPRESENTATIVE POSITION OF THE		
MEDICAL DEVICE REPROCESSING AS	SSOCIATION OF ONTARIO	CHAPTER
 I DECLARE THAT: I AM EMPLOYED IN A REPROCESSING DEPARTMENT I AM A CURRENT MEMBER OF MDRAO FOR THE YEAR 2021-2022 I HAVE ATTACHED A BIOGRAPHY AND A PHOTOGRAPH OF MYSELF IN JPG FORMAT 		
SIGNATURE: NOMINEE	ME	EMBERSHIP #
NOMINATER:	ME	MBERSHIP #
WITNESS:		
DATE:		

PLEASE RETURN THIS FORM BY MARCH 15, 2022 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