



VICE PRESIDENT BOARD OF DIRECTORS NOMINATION FORM

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

NAME: _____

HOME ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HEALTHCARE SETTING ADDRESS WHERE YOU ARE EMPLOYED: _____

CURRENT POSITION: _____ E-Mail: _____

PHONE NUMBER: _____ FAX: _____

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 POSITION OF VICE PRESIDENT FOR THE MEDICAL DEVICE
REPROCESSING ASSOCIATION OF ONTARIO

I declare that:

- I AM EMPLOYED IN MEDICAL DEVICE REPROCESSING
- I AM A CURRENT VOTING MEMBER OF MDRAO FOR THE YEAR 2021 - 2022
- 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 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