**Nomination for SCRT Council**

**NOMINATIONS MUST BE RECEIVED BY THE EXECUTIVE DIRECTOR/REGISTRAR OF THE SCRT**

**BY 4:00 P.M. ON Wednesday, JULY 31st, 2019.**

**TO: Win Haines, BA RRT RCPT**

 **Executive Director/Registrar**

 **Saskatchewan College of Respiratory Therapists**

 **202 – 3775 Pasqua St**

 **Regina SK S4S 6W8**

 **Email:** **win.haines@scrt.ca**

 **Fax: 306-543-6161**

1. **NOMINATORS:** We, the undersigned, nominate (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
for election to the position of (check one):

  Secretary

  Director-at-Large North

These positions are for a two-year term commencing at the end of the Annual General Meeting of the Saskatchewan College of Respiratory Therapists scheduled for September 26, 2019.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Nominator #1 Signature Nominator #2 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name #1 Print Name #2

1. **NOMINEE:** I am willing to let my name stand for election to the Council of the Saskatchewan College of Respiratory Therapists.

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Nominee Signature Date



***REQUIRED INFORMATION WHICH WILL BE POSTED ON THE WEBSITE.***

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| --- | --- |
| **Name of Nominee:** |  |
| **PICTURE:** | **Please send us a head and shoulders, passport-size picture for posting on the website with your biography. You can scan and email a copy to** **info@scrt.ca** |
| **Employment (Position):** |  |
| **Involvement in the Profession (Committee activities, etc.):** |  |
| **Community Involvement:** |  |
| **WHY DO YOU WISH TO BECOME A COUNCIL MEMBER?** |  |