



# NOMINATION FORM for the VALBEC Committee

First name: ..... Surname: .....

Indicate the position for which you are nominating (circle one)

President      Vice-president      Secretary      Treasurer      General member

Signature of person being nominated .....

Are you a member of VALBEC?      Yes      No

The following VALBEC members support my nomination.

Name: ..... Signature: .....

Name: ..... Signature: .....

NB Nomination may be supported by an individual member of VALBEC or a person whose workplace is an institutional member of VALBEC. Additional forms may be obtained from VALBEC and will also be available prior to the AGM.

**This form must be handed to the returning officer or the VALBEC administration officer prior to the AGM.**



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