



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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