



## Memo

To: Active Members of CSHP, Newfoundland and Labrador Branch

From: Lisa Bishop, Chairperson of Nominating Committee

Date: April 19, 2017

Re: Call for Nominations for Treasurer

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Nominations are now being accepted for the position of Treasurer (2017-2019) for our Branch. The deadline for nominations is **May 1, 2017**. In the event that more than one nomination is received, an election will be conducted. Office will begin immediately following the Annual General Meeting in May 2017.

For your information, a description of the Treasurer position is enclosed. All members are encouraged to become involved by nominating or actively encouraging members to seek the position.

Two forms are enclosed: Nomination for Election and Statement of Consent to Serve. The Nomination for Election form must be signed by two active members of the NL Branch, and the nominee must sign the Statement of Consent to Serve form.

**The signed Statement of Consent to Serve form MUST accompany each nomination.** Please send completed nomination and consent forms to:

Lisa Bishop  
Chairperson, Nominating Committee  
School of Pharmacy  
Memorial University of Newfoundland  
300 Prince Philip Drive  
St. John's, NL  
A1B 3V6  
[ldbishop@mun.ca](mailto:ldbishop@mun.ca)  
Fax (709) 777-7044

NOMINATION FOR ELECTION

**I wish to nominate \_\_\_\_\_ for election to the**

*(Name of Nominee)*

**Executive Office of \_\_\_\_\_.**

*(Name of Position)*

Accompanying this nomination is the **STATEMENT OF CONSENT** signed by the person nominated.

Date: \_\_\_\_\_

Nominated by: \_\_\_\_\_  
*(Signature of Active Member)*

Nominated by: \_\_\_\_\_  
*(Signature of Active Member)*

Please return completed forms to the Chairperson of the Nominations Committee **no later than March 25, 2016:**

Lisa Bishop  
Chairperson, Nominating Committee  
School of Pharmacy  
Memorial University of Newfoundland  
300 Prince Philip Drive  
St. John's, NL  
A1B 3V6  
[ldbishop@mun.ca](mailto:ldbishop@mun.ca)  
Fax (709) 777-7044

## STATEMENT OF CONSENT TO SERVE

This is to certify that I, \_\_\_\_\_, an active member of the

Newfoundland and Labrador Branch of CSHP, hereby consent to allow my name to stand

in nomination for election in the Executive Office of:

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(Name of Position)

Signature of Nominee: \_\_\_\_\_

Date: \_\_\_\_\_

**This Statement of Consent to Serve form must accompany the Nomination for Election form when it is submitted to the Chairperson of the Nomination Committee.**