

Memo

To:	Active Members of CSHP, Newfoundland and Labrador Branch
From:	Lisa Bishop, Chairperson of Nominating Committee
Date:	March 21, 2019
Re:	Call for Nominations for Treasurer

Nominations are now being accepted for the position of Treasuere (2019-2021). The deadline for nominations is **April 5, 2019**. In the event that more than one nomination is received, an election will be conducted. The position will begin in April, with a one-month transition and the official position beginning after the Annual General Meeting in May.

For your information, a description of the 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 by April 5, 2019:

Lisa Bishop Chairperson, Nominating Committee School of Pharmacy Memorial University of Newfoundland 300 Prince Philip Drive St. John's, NL A1B 3V6 <u>Idbishop@mun.ca</u> Fax (709) 864-6941







NOMINATION FOR ELECTION

I wish to nominate	9	for election to the
	(Name of Nominee)	
Executive Office of	of(Name of Position)	
Accompanying this r person nominated.	omination is the STATEMENT OI	CONSENT signed by the
Date:		
Nominated by:	(Signature of Active Member)	
Nominated by:	(Signature of Active Member)	
Please return comple	eted forms to the Chairperson of t	he Nominations Committee to:
	Lisa Bishop Chairperson, Nominating Cor School of Pharmacy Memorial University of Newfo 200 Prince Philip Driv	oundland

300 Prince Philip Drive St. John's, NL A1B 3V6 <u>ldbishop@mun.ca</u>

Fax (709) 864-6941





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:

(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.

