

Academy of Clinical Science and Laboratory Medicine



**Nomination for Academy Council
2019 and 2021**

NOMINEE

NAME(Membership No.....)

PLACE OF
EMPLOYMENT

SIGNATURE

PROPOSER

NAME(Membership No.....)

PLACE OF
EMPLOYMENT

SIGNATURE

SECONDER

NAME(Membership No.....)

PLACE OF
EMPLOYMENT

SIGNATURE

NB: Nominee/Proposer/Secunder must be current members of the ACADEMY
If elected, I am willing to serve on Council of the Academy for a two-year term

**SIGNATURE OF
NOMINEE** **Date:**

Deadline for Receipt of Nominations – 22nd February 2019