

Saskatchewan Library Association NOMINATION FORM

BOARD OF DIRECTORS

| Name of Person Nominated: | |
|--|--|
| | (Please type or print) |
| Telephone #: | E-mail: |
| | |
| For Which Position(s) | |
| Length of term: 2 years (unless otherwise s | stated) |
| Nominator Information | |
| This is to verify that we,(Please type or p | and |
| Please type or p being SLA members in good standing of the the above listed SLA member for the indicate | Saskatchewan Library Association, are nominating |
| (Signature of 1st nominator) | (Place of employment & email) |
| (Signature of 2nd nominator) | (Place of employment & email) |
| Nominee Information | |
| This is to certify that I, | y Association, have agreed to let my name standin and that I have appended |
| on the next page of this form, biographical in of nominees as well as a photo to be used in announcement of the elected/ acclaimed Boa | formation and a statement for use in the published list an election should there be one, or in the |
| Signature of Nominee | |



