



NSCMLT BOARD OF DIRECTORS NOMINATION FORM

Name: _____

NSCMLT #: _____

Mailing Address: _____

Phone: (h) _____ (w) _____

Email: _____

Nominee's Consent:

I agree to allow my name to stand for election to the position of the Board of Directors. If elected, I pledge to uphold the By-laws and Regulations as outlined in the Act of the NSCMLT, and carry out the duties and responsibilities of the office and such additional duties as may be assigned during my term to the best of my ability.

Signature: _____ Date: _____

Note: The NSCMLT does not provide salary replacement for its elected or appointed officers attending meetings.

***Please forward all nominations via fax or by mail, post marked
no later than **March 15th, 2010*****