

# NOMINATION FORM

Please return to the CLAE Head Office by email with signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to nominate the following CLAE member for the position of \_\_\_\_\_\_\_\_\_\_\_\_\_of the Canadian League Against Epilepsy (CLAE), to commence October, 2016 and continue until the 2018 Annual General Meeting.

NOTE: Both the nominator and candidate must be members in good standing. [Click here](http://canadianleagueagainstepilepsy.memberlodge.org/) to renew your 2016 dues.

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| --- |
| Name of Candidate (PRINTED): |
|  |  |
| Name of Nominator - Date (YYYY/MM/DD) | Signature of Nominator  |

Nominee Acceptance\*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to stand for nomination.

 (Print name)

|  |  |
| --- | --- |
|  |  |
| Signature of Nominee | Date (YYYY/MM/DD) |

Please send the following by email to Narma Yogan at clae@secretariatcentral.com

* Nomination Form
* Bio-Sketch (2 Pages or less)
* Headshot

DEADLINE FOR NOMINATIONS: Friday April 15, 2016 at 11:59 PM