



MPSA Board of Directors Nomination Form

NOMINEE

Name: _____

Address: _____

City: _____

Phone: _____ Email: _____

Position being nominated for: _____

Nominee's Declaration: I confirm that the above information is correct and I agree to have my name put forward for consideration by the membership for the position indicated on the MPSA Board of Directors at its next Annual General Meeting.

Signature of Nominee: _____

NOMINATOR:

Name: _____

Address: _____

Phone: _____ Email: _____

Signature of Nominator: _____

SECONDER:

Name: _____

Address: _____

Phone: _____ Email: _____

Signature of Nominator: _____