



Association of Saskatchewan Paramedics

Nomination Form

We the undersigned, being members in good standing of the
Association of Saskatchewan Paramedics
hereby nominate:

(Name)

of

(address, town, province)

To be a candidate at the election to be held on the 30th day of May, 2015 for the office of
Director for the Association of Saskatchewan Paramedics.

(minimum 5 signatures required)

Signature

Printed Name

SCoP Registry Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Association of Saskatchewan Paramedics

Candidate's Acceptance

I, _____ , _____
(name) (SCoP Registry)

A candidate nominated for the office of Director for the Association of Saskatchewan Paramedics, declare that:

1. I am the full age of 18 years on the date of the election.
2. I am a member in good standing with the Association of Saskatchewan Paramedics.
3. If elected, I will accept the office for which I am nominated

Dated at _____, this _____ day of _____, 2015
(town/city)

Signature of Candidate

Witness

Witness

Completed forms not hand delivered must be received prior to midnight, May 29, 2015 and can be mailed to:

Association of Saskatchewan Paramedics
Box 983
Kelvington, SK
S0A 1W0

E-mailed to:
office@saskparamedic.ca

Faxed to:
(306)327-4265

Or hand delivered to the Annual General Meeting before or during the call for nominations.