

Edmonton Association of Small Animal Veterinarians

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Email: info@easav.ca

Executive Member Nomination Form

Candidate Information (You can nominate yourself)

Name _____

Home phone number _____

E-mail address _____

Work phone number _____

Employment Location/Position _____

Education _____

Previous volunteer experience (if any) with **(name or org)**

Please circle any of the following skills or experience that the candidate possesses.

Finance, accounting

Public relations, communications

Other _____

Management, administration

Nonprofit experience

Other _____

Submitted by

Name _____ Date _____

Phone _____ E-mail _____

Has this person been contacted to determine their interest in being nominated? ___Yes ___No

If "yes," would he/she be willing to serve if elected? ___Yes ___No

Signature of nominee: _____ Date: _____

Thank you for your nomination

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