



CAMATA NOMINATION FORM ELECTIONS 2018

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Email: _____

Program / Air Medical / Aerospace Medicine Affiliation: _____

I am a current member of CAMATA: Yes No.

Which of the following positions are you nominated in:

- President Elect
- Secretary

Signature of : _____

Name (Print) _____

Date: _____

Please obtain two signatures from current CAMATA members to confirm your nomination:

1. Signature: _____

Name (Print) _____

Date: _____

2. Signature: _____

Name (Print) _____

Date: _____

Please return signed nominations by April 30, 2018 to:

CAMATA Nomination Committee or
525 – 3336 Portage Avenue
Winnipeg, Manitoba
R3K 2H9

email to
info@camata.ca