

SAMPLE

State Perfusion Society

NOMINATION FORM

Bring or mail a completed Nomination Form and a completed Membership Application to (Date of a meeting) at (Location). If you intend to join the perfusion society but cannot attend the meeting, please email a completed Nomination Form and a completed Membership Application to (Name of contact).

NOMINEES

SELECT ONE BY PLACING AN X
IN THE BOX NEXT TO THE NAME

PRESIDENT

- Individual Name**
- Individual Name**
- Individual Name**

VICE PRESIDENT

- Individual Name**
- Individual Name**
- Individual Name**

SECRETARY

- Individual Name**
- Individual Name**

TREASURER

- Individual Name**

COMMITTEES

Present Volunteer Members

Government Relations Committee

Individual Name(s)

Practice & Education Committee

Individual Name(s)

Nominating Committee

Individual Name(s)

Meeting Planning Committee

Individual Name(s)