****

**ASI COUNCIL NOMINATION FORM**

**NOMINATION FORM** **FOR POSITIONS ON ASI COUNCIL**

**ASI Membership**

|  |  |  |
| --- | --- | --- |
| ASI Membership Type: |  | |
| Are you a full (not interim) ASI member as of April 1st this year? | YES | NO |

|  |  |
| --- | --- |
| **Nominee:** |  |
|  |  |
| **Council Position:** |  |

Nominated by (current member of ASI):

|  |  |
| --- | --- |
| Name: |  |
| Member # |  |
| Address: |  |
| E-mail: |  |

Seconded by: (current member of ASI)

|  |  |
| --- | --- |
| Name: |  |
| Member # |  |
| Address: |  |
| E-mail: |  |

I, being a current member of ASI, consent to be nominated for the above position:

|  |  |
| --- | --- |
| Name: |  |
| Affiliation: |  |
| E-mail: |  |

Signatures are not required. Nominees and sponsors will be notified to confirm reception of this document.

**This form is to be uploaded to the ASI website by the nominee (not a nominator).**

Please upload as a Word document.

Nominations must be **received** by the specified date and time.

Nominees are asked to submit a brief description of their background and suitability for the role (200 words max, written in the first person please). If an election is required, this information will be distributed to the membership to aid their selection.

**Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee:** |  | **Position** |  |