



NOMINATION FORM CDM COUNCIL ELECTIONS 2021

POSITIONS TO BE FILLED ON THE COUNCIL

Tenure

2 Directors.....2-year term

To nominate a member, use this Nomination Form. The form must be completed in full and returned to the Registrar by **October 4, 2021**.

ENDORSEMENT:

The 3 undersigned members in good standing of CDM nominate:

_____ for the position Director

- 1. Name _____ Signature _____
- 2. Name _____ Signature _____
- 3. Name _____ Signature _____

Candidacy Statement

I, [please print name] _____ an active member in good standing of the College of Dietitians of Manitoba, accept the nomination for the position of director and allow my name to stand as a candidate. I am aware of the responsibilities of the position and if elected, will accept these responsibilities and related duties.

Signature _____ Date _____

Address _____ Postal Code _____

Phone (primary) _____ Phone (secondary) _____

*Please also complete the Nominee Biographical Information Form on the following page
The Nominee Biographical Information Form will be provided with the ballots if an election is necessary.*

CLOSING DATE FOR NOMINATIONS IS OCTOBER 4, 2021

Please submit your nomination to:

College of Dietitians of Manitoba
36-1313 Border Street
Winnipeg, MB R3H 0X4
Email: office@collegeofdietitiansmb.ca

NOMINEE BIOGRAPHICAL INFORMATION FORM 2021

Candidate Name _____

For the Position of Director, CDM Council

Area of Practice

Professional Memberships and Involvement

Relevant Experience

Candidate's Skills and Strengths

Candidate's Comments
