



College of Audiologists and Speech-Language Pathologists –
 Newfoundland and Labrador
 Suite 435 Unit 50 Hamlyn Road Plaza, NL A1E 5X7
 Email: info@caslpnl.ca Website: www.caslpnl.ca

Form 5-10

Nomination Form

The undersigned being a member in good standing of the College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador (CASLP-NL) hereby nominate _____, who is also a member in good standing of CASLP-NL, to serve on the Board of Directors of CASLP-NL in the position of _____.

Print Name

Signature

Date

Letter of Consent for Nomination

The undersigned being a member in good standing of the College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador (CASLP-NL) hereby agree to be nominated to serve on the Board of Directors of CASLP-NL in the position of _____.

Nominee:

Print Name

Signature

Date
