



ACADEMY OF MEDICINE, SINGAPORE

NOMINATION FORM

**ELECTED COUNCIL MEMBERS (2018-2020)
ACADEMY OF MEDICINE, SINGAPORE**

One candidate per form. Please print or type.

CANDIDATE (Must be a current paid member with no arrears as at <u>28 February 2018</u>)	
Name of Candidate:	MCR No:
	Mobile No:
Mailing Address:	Email Address:
Signature (indicating consent):	
PROPOSER (Must be a current paid member with no arrears as at <u>28 February 2018</u>)	
Name of Proposer:	MCR No:
	Mobile No:
Email Address:	Signature:
SECONDER (Must be a current paid member with no arrears as at <u>28 February 2018</u>)	
Name of Seconder:	MCR No:
	Mobile No:
Email Address:	Signature:

**Please return the completed form to the Academy of Medicine, Singapore
by Wednesday, 28 February 2018, 1700 hours sharp.**

Mail: Academy of Medicine, Singapore, 81 Kim Keat Road, NKF Centre, #11-00, Singapore 328836
Fax: 6593 7880 Email: main@ams.edu.sg

FORM MUST BE COMPLETED TO BE CONSIDERED.

For Official Use

Date and Time Received: _____ Received by: _____