



ACADEMY OF MEDICINE, SINGAPORE

NOMINATION FORM

**ELECTED COUNCIL MEMBERS (2019-2021)
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>7 March 2019</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>7 March 2019</u>) | |
| Name of Proposer: | MCR No: |
| | Mobile No: |
| Email Address: | Signature: |
| SECONDER (Must be a current paid member with no arrears as at <u>7 March 2019</u>) | |
| Name of Seconder: | MCR No: |
| | Mobile No: |
| Email Address: | Signature: |

**Please return the completed form to the Academy of Medicine, Singapore
by Thursday, 7 March 2019, 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: _____