



**ACADEMY OF MEDICINE  
SINGAPORE**

**NOMINATION FORM**

**ELECTED COUNCIL MEMBERS (2020-2022)  
ACADEMY OF MEDICINE, SINGAPORE**

*One candidate per form. Please print or type.*

<b>CANDIDATE (Must be a current paid member with no arrears as at <u>24 March 2020</u>)</b>	
Name of Candidate:	MCR No:
	Mobile No:
Mailing Address:	Email Address:
Signature (indicating consent):	
<b>PROPOSER (Must be a current paid member with no arrears as at <u>24 March 2020</u>)</b>	
Name of Proposer:	MCR No:
	Mobile No:
Email Address:	Signature:
<b>SECONDER (Must be a current paid member with no arrears as at <u>24 March 2020</u>)</b>	
Name of Secunder:	MCR No:
	Mobile No:
Email Address:	Signature:

**Please return the completed form to the Academy of Medicine, Singapore  
by Tuesday, 24 March 2020, 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: \_\_\_\_\_