



**ACADEMY OF MEDICINE
SINGAPORE**

NOMINATION FORM

**ELECTED COUNCIL MEMBERS (2021-2023)
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>19 April 2021</u>)	
Name of Candidate:	MCR No:
	Mobile No:
Mailing Address:	Email Address:
Signature (<i>indicating consent</i>):	
PROPOSER (Must be a current paid member with no arrears as at <u>19 April 2021</u>)	
Name of Proposer:	MCR No:
	Mobile No:
Email Address:	Signature:
SECONDER (Must be a current paid member with no arrears as at <u>19 April 2021</u>)	
Name of Secunder:	MCR No:
	Mobile No:
Email Address:	Signature:

**Please return the completed form to the Academy of Medicine, Singapore by
Monday, 19 April 2021, 1700 hours sharp by email, mail or fax.**

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

FORM MUST BE COMPLETED TO BE CONSIDERED.

For Official Use

Date and Time Received: _____ Received by: _____