

**2025 NOMINATION FORM  
DISTRICT DIRECTOR 3**

|   |                |
|---|----------------|
| I nominate  | of the town of |
| for the office of <b>DIRECTOR OF DISTRICT THREE</b> |                |

|                 |                |
|-----------------|----------------|
| Nominator Name: | MLPAO Member # |
| Address         | Date:          |
| Signature       |                |

|                |                |
|----------------|----------------|
| Secunder Name: | MLPAO Member # |
| Address        | Date:          |
| Signature      |                |

|   |                |
|---|----------------|
| I   | of the town of |
| <i>Am currently a (please circle one)</i><br><i>Active MLT                      Inactive MLT                      Retired MLT                      Honorary MLT</i> |                |
| being a member of the MLPAO, accept the nomination for the office of <b>DIRECTOR OF DISTRICT THREE</b>  |                |
| Signature   | Date           |



Please provide the following:

- Short bio
- Picture
- Resume
- Reference Letter

We can assist you with a short bio if required. If so, please contact us.

Nominations for the office of DIRECTOR OF DISTRICT THREE shall be submitted to and received by Board Development Committee by February 28, 2025.

Return to: Board Development Committee  
Medical Laboratory Professional's Association of Ontario  
PO Box 100 STN LCD1, Hamilton ON L8L 7T5

Or scanned and emailed to [mlpao@mlapo.org](mailto:mlpao@mlapo.org)

For further information please contact Michelle Hoad at 416.485.6768 ext. 225

**Deadline for Receipt of Nominations is February 28, 2025.**