



College of Audiologists and Speech-Language Pathologists –
Newfoundland and Labrador
Suite 435, Unit 50
Hamlyn Rd. Plaza, St. John's, NL A1E 5X7
Email: info@caslpnl.ca

Website: www.caslp.nl

Nomination Form

The undersigned being a member in good standing of the College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador (CASLP-NL) hereby nominate _____, who is also a member in good standing of CASLP-NL, to serve on the Board of Directors of CASLP-NL in the position of _____

Print

Name Signature

Date

Letter of Consent for Nomination

The undersigned being a member in good standing of the College of Audiologists and Speech-Language Pathologists of Newfoundland and Labrador (CASLP-NL) hereby agree to be nominated to serve on the Board of Directors of CASLP-NL in the position of _____.

Nominee:

Print

Name Signature

Date