



**NEWFOUNDLAND & LABRADOR HEALTH
INFORMATION MANAGEMENT ASSOCIATION**

**NOMINATION FORM
2008-2010 TERM**

DECLARATION OF NOMINATOR:

I, _____ hereby nominate _____
for election to the position of * _____ of the Newfoundland and
Labrador Health Information Management Association. I affirm that I am a member in
good standing of the NLHIMA.

Signature of nominator

**Please indicate position: Secretary, Treasurer, or President-Elect*

DECLARATION OF NOMINEE:

I, _____ declare that I am an active member in good
standing of the Newfoundland and Labrador Health Information Management Association.
I consent to my name being put forward as a nominee for election to the position of
* _____. I am aware that the term of this position will be
two years, effective September 2008 to September 2010.

Signature of Nominee

Date

**Please indicate position: Secretary, Treasurer, or President-Elect*

**CLOSING DATE FOR NOMINATIONS: July 2, 2008. Please note that nomination forms can
be either mailed or faxed. Email nominations will also be accepted.**

RETURN TO: Rosalie Haire
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