



Saskatchewan College of Psychologists

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Regina SK, S4R 8P8

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2019 Nomination Form

I, _____
(Name)

of _____
(Street Address/Box Number)

(City, Postal Code)

NOMINATE _____
(Name)

of _____
(Street Address/Box Number)

(City, Postal Code)

E-mail: _____ Fax: _____

For the position of:

- President-Elect
- Treasurer
- Member-at-Large

Date: _____ Signature: _____

Nominee Consent

I agree to the above nomination for the position of _____ in the Saskatchewan College of Psychologists.

Date: _____ Signature: _____

Please return to: Nominations Committee
Saskatchewan College of Psychologists
1026 Winnipeg Street
Regina, SK S4R 8P8

Nominations must be received, in writing, on or before **5:00 p.m., March 1, 2019.**