

## NOMINATION FORM FOR ELECTION TO COUNCIL: 2019

Full name and address of nominee: .....

.....

.....

Full title, present position and commencement date:

.....

.....

We, the undersigned, as Ordinary Members of The Vascular Society, propose that:

.....

a fellow Member, be nominated for election as a member of the Council of the Society for 2019.

Signed (1): .....

Name in capitals: .....

Signed (2): .....

Name in capitals: .....

Applications should be received to arrive no later than **Friday 27<sup>th</sup> September 2019**.

This completed form should be returned to:

Email: [admin@vascularsociety.org.uk](mailto:admin@vascularsociety.org.uk)

Post: Vascular Society Great Britain and Ireland, C/o Executive Business Support, Davidson Road,  
Lichfield, Staffordshire, WS14 9DZ