

Vascular Anaesthesia Society *Of Great Britain and Ireland*

NOMINATION FORM FOR FULL COMMITTEE MEMBERSHIP

1. NOMINEE

Name

Work Place Address

Contact Number (Tel, e-mail)

2. PROPOSER

Name

Address

I propose for election to the full committee of the Vascular Anaesthesia Society of Great Britain and Ireland.

Signature

3. SECONDER

Name

Address

I support the proposal of for election to the full committee of the Vascular Anaesthesia Society of Great Britain and Ireland.

Signature

A SUPPORTING STATEMENT OF NO MORE THAN 200 WORDS SHOULD BE SUBMITTED WITH THIS APPLICATION