



**ACCIDENT PREVENTION ASSOCIATION OF MANITOBA  
NOMINATION APPLICATION FORM**

**DEADLINE DATE FOR RECEIPT OF NOMINATIONS IS:  
APRIL 9, 2010**

Please complete and return this form to:  
APAM - Fax: 897-8094 or Email: info@preventaccidents.ca

I, the undersigned, **(please print)** \_\_\_\_\_

of (company/organization) \_\_\_\_\_

of (address) \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please check all that apply:

- I AGREE to let my name stand for election as President on the APAM Board of Directors for a **2 year term**.
- I AGREE to let my name stand for election as 1<sup>st</sup> Vice-President on the APAM Board of Directors for a **2 year term**.
- I AGREE to let my name stand for election as Director on the APAM Board of Directors for a **2 year term**.

Please attached a brief bio and let us know why you would be a great candidate of the Board of Directors of APAM!

Nominee Name (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date