



Missouri Society for Respiratory Care

Election Nomination Form

Nominee Information

First & Last Name:

I would like to formally nominate this person for (select position):

Nominee Email:

Nominee Phone Number:

In 250 words or less, please indicate why you think the nominee would be a good candidate:

Nominator Information

Name:

AARC Number:

Email Address:

Phone Number:

Nominations for officers within the M.S.R.C. are open year round. Nominations for vacant seats are approved at the M.S.R.C. board of directors meeting held the first Friday in February annually. Nominations for the immediate election after that date are subject only to the election committee and board of director approvals. Nominees must be an active or life member of the AARC/MSRC in good standing. Nominators must be an active or life member of the AARC/MSRC in good standing.