

Election of Officers/ Council members 2024

We the undersigned, being Members of the Association nominate

Name		
Job title		
Email addre	ess	
for election as Director of Education, Training & Workforce* / Director of Regulatory Affairs (FCS Chair)*		
Name	1	Signature
Name	2	Signature
Name	3	Signature
I am willing to undertake the duties and responsibilities of this office if elected.		
	Signature	Date

Please note only those in the Member and Honorary member categories of membership of the Association for Laboratory Medicine may be nominated for any of the above positions.

If there is more than one nominee for the position, a ballot will be held with all voting members in accordance with the Bye-Laws of the Association items 2.1, 3 and 9.

This form, duly countersigned, to be returned to:

Membership Manager, Mike Lester by email to mike@labmed.org.uk
or by post to Association for Laboratory Medicine, 130-132 Tooley Street, London SE1 2TU, no later than 26th April 2024