



Appendix A - SAMRT Life Membership Nomination Form

Nominee Information:

Full Name: _____

Address: _____

City: _____

Postal Code: _____

Submitted by:

Full Name: _____

SAMRT Member #: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

Daytime phone number: _____

1. What has the nominee done to promote the profession?

2. How has the nominee been involved in raising the profile of the SAMRT?

3. Provide evidence that the nominee's contributions to the profession are widely recognized.

4. Are there other noteworthy accomplishments by this nominee that should be considered?

Submit your nomination form to the SAMRT Awards Committee in care of the SAMRT Office:

Email: info@samrt.org

Fax: 306 543 6161