

NOMINATION FOR ELECTION TO THE IACLE EXECUTIVE BOARD

A. Nomination for the position of President, Vice President, Secretary Assistant Secretary, Treasurer or Assistant Treasurer, International Association of Contact Lens Educators (IACLE) Inc.

I, _____
(full name in block letters)
of, _____

Work Phone No: _____ Home Phone No: _____
Being a financial member of the International Association of Contact Lens Educators (IACLE) Inc.

Nominate: _____
(full name in block letters)

for the position of: President, Vice President, Secretary, Assistant Secretary, Treasurer, Assistant Treasurer - (Please circle the appropriate position)

Date: _____ Signature: _____

B. Secunder of the nomination for the position of _____, International Association of Contact Lens Educators (IACLE) Inc.

I, _____
(full name in block letters)
of, _____

Work Phone No: _____ Home Phone No: _____
Being a financial member of the International Association of Contact Lens Educators (IACLE) Inc.

Second the nomination of _____
(full name in block letters)

for the position of: _____,
International Association of Contact Lens Educators (IACLE) Inc.

Date: _____ Signature: _____

C. Acceptance of nomination for the position of _____, International Association of Contact Lens Educators (IACLE) Inc.

I, _____
(full name in block letters)
of, _____

Work Phone No: _____ Home Phone No: _____
Being a financial member of the International Association of Contact Lens Educators (IACLE) Inc.

Accept the nomination for this position.

Date: _____ Signature: _____