Saskatchewan Association of Social Workers
Call for Nominations for SASW Council

Position for Nomination: ________________________________

Name: ________________________________ SASW Registration Number: _____

Address: _____________________________ Credentials: __________________

City/Town: __________________________ Number of years in practice: _____________

Area(s) of practice and contribution to the profession:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Previous/present involvement with SASW Branch/Committee:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What would you (the candidate) like to accomplish as a member of SASW Council:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature of Nominee: __________________________________

Nominators - Registered Social Workers

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<th>Nominators - Registered Social Workers</th>
<th>Signature of Nominators</th>
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Mail/FAX completed form to SASW Office – 2110 Lorne Street, Regina, SK, S4P 2M5
Fax: 306.545-1895

Deadline for submitting nominations: March 15th