



Society of Alberta Occupational Therapists

PO Box 53079, 14035-105 Ave. NW, Edmonton, AB T5N 0Z1
P: 780-238-9111 E: executivedirector@saot.ca

Board Nomination Form

Candidate Information

SAOT Membership # _____

Name _____

Home address _____

City _____ Postal Code _____

Home phone _____

Work/Cell phone _____

E-mail _____

Employment/Position _____

Resume/CV Attached

Area of Practice:

- Children and youth
- Education and public outreach
- Health and wellness
- Older adults and aging
- Mental health
- Rehabilitation and physical health
- Working life
- Acute care
- Long-term care
- Supported living
- Other: _____

Candidates must be nominated by three (3) SAOT Members. Please list nominating members here:

1. Name _____ SAOT Membership # _____

2. Name _____ SAOT Membership # _____

3. Name _____ SAOT Membership # _____

Platform – Please tell us, in a few words, why you want to serve on the SAOT Board of Directors:

I have reviewed the Board of Directors’ position descriptions. I understand that, if elected, I will be expected to assume one of the positions as outlined. Board positions are assigned at the first Board of Directors’ meeting following the AGM.

Submitted by

Signature _____

Date _____

Thank you for your nomination