

**Appendix A - SAMRT Life Membership Nomination Form**

***Nominee Information:***

Full Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

***Submitted by:***

Full Name: Click or tap here to enter text.

SAMRT Member #: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

Email: Click or tap here to enter text.

Daytime phone number: Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Email: info@samrt.org

Fax: 306 543 6161