



## **Saskatchewan Association of Social Workers Nomination for SASW Council**

**Position for Nomination:** \_\_\_\_\_

Name: \_\_\_\_\_ SASW Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

Credentials \_\_\_\_\_ Number of years in practice \_\_\_\_\_

Area(s) of practice and contribution to the profession: **Please attach resume/CV**

Previous/present involvement with SASW Branch/Committees

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

Signature of Nominee: \_\_\_\_\_

Date \_\_\_\_\_

## Nominators

Nominators - Registered Social Workers	Registration #	Signature of Nominators
1.		
2.		
3.		

**Mail completed form and resume/CV to SASW Office – 2110 Lorne Street, Regina, S4P 2M5**

**Deadline for submitting nominations: March 15**