



Saskatchewan Association of Social Workers Nomination 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	Signature of Nominators
1.	
2.	
3.	

Mail/FAX completed form to SASW Office – 2110 Lorne Street, Regina, SK, S4P 2M5

Fax: 306.545-1895

Deadline for submitting nominations: March 15