

**NOMINATION FORM
FOR ELECTION TO COUNCIL OF THE VASCULAR SOCIETY (2024)**

Full name of nominee:

Full address of nominee:

.....

Full title, present position, and commencement date:

.....

.....

Preferred contact email:

We, the undersigned, as Full Members of The Vascular Society, propose that:

.....

a fellow Member, be nominated for election as a member of the Council of the Society for 2024.

Signed (1):

Name in capitals:

Signed (2):

Name in capitals:

Applications should be received to arrive no later than **midnight Sunday 13th October 2024**.

This completed nomination form, a short letter in support of application, a photograph and an optional two minute video (MP4 or MOV format) should be returned to admin@vascularsociety.org.uk.

Post: Vascular Society Great Britain and Ireland
C/o Executive Business Support, Davidson Road, Lichfield, Staffordshire, WS14 9DZ

1. If more than four nominations are received your letter (single side A4, outlining why you would like to serve on Council), photograph and video, will be used for your election Bio).