



NOMINATION FOR AN HONORARY MLT MEMBER

Honorary Member Nominee:

_____ (Last) (First)

Address: _____

Phone: _____ (home) (work)

Email: _____

Criteria:

College (ACMLT/ASMLT) member for 10 consecutive years:
Dates: _____

College (ACMLT/ASMLT) Service:
Council: (dates) _____
Committees: (dates) _____

Working/Task groups (minimum of 3) or
multiple terms on Council: (dates) _____

Minimum Standards:

- No professional misconduct
- Minimum 20 years MLT experience in the profession

Nominator Name:

(Last)

(First)

Registration #: _____

Nomination endorsed by the following regulated members of the College:

1. _____

2. _____

3. _____

4. _____

5. _____

Nominations are reviewed by the College Registration Committee and approved by Council.