



NOMINATION FORM - SCP Honorary Life Member Award

(Please Print)

Nominee Name: _____ SCP Member # D_____

Mailing Address: _____

City/Prov/Postal Code: _____

Phone: _____ Email: _____

✓ Please check the following:

- The Nominee is a member in good standing of the Saskatchewan College of Pharmacists.
- The Nominee has met the terms of reference for the SCP Honorary Life Member Award
- Summary of Qualifications of the Nominee is outlined/attached.
- Please outline the **contributions** that the nominee has made **to the profession and/or the Saskatchewan College of Pharmacists beyond the normal call of professional or voluntary obligations** on a local, provincial or national level.

** Additional sheets may be used.*

Name of Nominator

Signature of Nominator

Date

Phone #

Nomination Deadline – January 31st
Submit to: SCP Awards Committee
c/o Saskatchewan College of Pharmacists
700 – 4010 Pasqua Street, Regina, SK S4S 7B9
FAX to: 306-584-9695 Email: info@saskpharm.ca