

SOCIETY OF GYNAECOLOGY AND OBSTETRICS OF NIGERIA (SOGON)



NOMINATION FORM FOR SOGON EXCO ELECTION

I. INDICATE POST

2. CANDIDATE INFORMATION (Financial up to date member)

Names (Surname first) :.....

Address of Place of work:

Date of Induction as SOGON member:

Position(s) held in SOGON (indicate National/Sector):.....

.....

Have you served as Council member? Indicate dates:

Signature/Date

3. PROPOSER (Financial up to date member)

Names (Surname first) :.....

Address:

Signature/Date

4. SECONDER (Financial up to date member)

Names (Surname first) :.....

Address:

Signature/Date

NOTE: Please return completed form to SOGON Secretariat or by email attachment to info@sogon.org OR agboschris@yahoo.com on/or before Monday 23rd October, 2017