**MSRC Nominee Ballot 2017**

Name:

Credential(s):

Number of years in RT profession:

Employer:

Title:

Position of Interest:

Previous Position(s) with the MSRC *(if applicable, not required)*:

**REQUIRED INFORMATION**

I am an Active Member of the MSRC ***(belong to both the AARC and MSRC)***

Contact Information (email and phone):

*\*\*This information is to appear on the election ballot and will be kept on file for future reference.*

Please send this form electronically to:

**MSRC**

**C/O Holly Mauk / Erica Basile-Gimpel**

**hmauk@mhsa.com** **or** **ericabas@med.umich.edu**

**FAX: 517-484-4442**