



International Association  
for the Scientific Study  
of Intellectual Disabilities

## NOMINATION FORM FOR IASSID OFFICER POSITIONS

**President Elect [ XXX ] Secretary[ ] Treasurer[ ] Vice- President [ ]**  
Please indicate for which position the nomination is being made by a tick.

<b>Nominee – Name:</b>	Dr. Vianne Timmons		
<b>Address:</b>	Vice-President Academic Development University of Prince Edward Island 550 University Ave. Charlottetown, PE C1A 4P3		
<b>Email address:</b>	vtimmons@upei.ca		
<b>Telephone:</b>	(902) 566-0405		
<b>Fax No:</b>	(902) 628-4311		
<b>IASSID Membership:</b>	<b>National Organisation -</b>		
	Name –		
	Address –		
	Contact person –		
	Email address -		
	Telephone -		
	Fax No. -		
	Paid up member 2008	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	<b>Research Centre -</b>		
	Name –		
Address –			
Contact person –			
Email address -			
Telephone -			
Fax No -			
Paid up member 2008	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

	<b>Individual Member –</b>	YES	
	Name –	Vianne Timmons	
	Address –	(See above)	
	Email address -		
	Telephone:		
	Fax No. -		
	Paid up member 2008	Yes: XXXXXX	No:
<b>Names of Proposer and Seconder for this Nomination</b>			
<b>Proposed by:</b>	Name –	David Felce	
	Address –		
Membership Panel	Organisational member	Research Centre	Individual Member
	Email address -		
	Telephone -		
	Fax No. -		
	Paid up member 2008	Yes:	No:
<b>**Seconded by:</b>	Name -	Glynis Murphy	
	Address –		
	Email address –		
	Telephone -		
	Fax No: -		
	Paid up member 2008	Yes:	No:

***Paid up membership:***

The cut off date for paid up membership is March 31<sup>st</sup>.2008 for all categories of membership.

A nomination is only **valid** if the person making and the person seconding the proposal are paid up members of IASSID at the time of making the nomination.