

**2021 - 2022 ANNUAL NJPMS OFFICER
DECLARATION REQUEST**

**I, _____, do hereby
announce my intention to be placed in nomination
for the position of _____
with the New Jersey Podiatric Medical Society for
the year(s) 2021-2022.**

SIGNED: _____

PRINT: _____

DATE: _____

FAX: 732-246-2162

EMAIL: lfenenic@njpms.com

Deadline for Submission: Monday, March 1, 2021