

NOMINATION FORM

Primary Care Representative Council 2018–19

Please return form to Doctors Nova Scotia by Oct. 9, 2018, by 11:59 pm. Mail, email or fax to:

Primary Care Representative Council Nominations

Doctors Nova Scotia

25 Spectacle Lake Drive

Dartmouth, NS B3B 1X7

Fax: 902-468-6578

Email: sonia.abiajab@doctorsns.com

(Please print)

| | | |
|-------------------------|----------------|--------------|
| Name of nominee | | |
| Address | | |
| Email address | | |
| Telephone number | Office: | Cell: |
| Fax number | | |

We are nominating this member for the following position:

Representative for _____
 (Name of county)

If nominating for Halifax, please indicate whether the candidate resides in the metro or rural area.

By signing below nominators are acknowledging that the nominee:

1. Has been notified that s/he is being nominated, has accepted the nomination and is prepared to run in an election
2. Is aware that s/he is required to pay the membership dues of the Section (if applicable) if elected
3. Is prepared to submit a nominee profile outlining designations, relevant experience and motivation for running (due by Oct. 12)

Nominators

Please print and sign names (two nominators required, each from the same county as the nominee)

| | | |
|----|------|-----------|
| 1. | Name | Signature |
| 2. | Name | Signature |