

NOMINATION FORM

Doctors Nova Scotia Board of Directors 2019-2020

Please Return by Feb. 25, 2019 by fax or mail to:
 Board of Directors Nominations - Doctors Nova Scotia
 25 Spectacle Lake Drive, Dartmouth, NS B3B 1X7
 Fax: (902) 468-6578

(Please Print)

Nominee		
Address		
E-mail Address		
Telephone	Office:	Cell:
Fax		

Please indicate (X) practice locale:

<p>Specialist</p> <p>Presently practicing or retired from inside Halifax <input type="checkbox"/></p>	<p>Specialist</p> <p>Presently practicing or retired from outside Halifax <input type="checkbox"/></p>	<p>General Practice</p> <p>Presently practicing or retired from outside Halifax <input type="checkbox"/></p>
---	--	--

Nominators

Please print and sign (two nominators required)

1.	Print Name	Signature
2.	Print Name	Signature

Nominee

I accept this nomination, and I am willing to run in an election if required.

	Print Name	Signature
--	------------	-----------