

## NOMINATION FORM

### Section of Family Doctors Council 2019-20

**Please return form to Doctors Nova Scotia by October 8, 2019, by 11:59 pm. Mail, email or fax to:**

Section of Family Doctors Council Nominations  
 Doctors Nova Scotia  
 25 Spectacle Lake Drive  
 Dartmouth, NS B3B 1X7  
 Fax: 902-468-6578  
 Email: karen.chaisson@doctorsns.com

**(Please print)**

|                         |                |              |
|-------------------------|----------------|--------------|
| <b>Name of nominee</b>  |                |              |
| <b>Address</b>          |                |              |
| <b>Email address</b>    |                |              |
| <b>Telephone number</b> | <b>Office:</b> | <b>Cell:</b> |
| <b>Fax number</b>       |                |              |

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 October 11).

### Nominators

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

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