

## NOMINATION FORM

### Section of Family Doctors Council 2020-21

**Please return form to Doctors Nova Scotia by October 8, 2020, by 11:59 pm. Mail or email to:**

Section of Family Doctors Council Nominations  
 Doctors Nova Scotia  
 25 Spectacle Lake Drive  
 Dartmouth, NS B3B 1X7  
 Email: sonia.abiajab@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 8).

### Nominators

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

1.	Name	Signature
2.	Name	Signature