

## NOMINATION FORM

Doctors Nova Scotia Board of Directors 2024-2025

**Please return via email or fax by February 20, 2024:**

Email: [board@doctorsns.com](mailto:board@doctorsns.com)

Fax: (902) 468-6578

**(Please Print)**

<b>Nominee</b>		
<b>Address</b>		
<b>E-mail Address</b>		
<b>Telephone</b>	<b>Office:</b>	<b>Cell:</b>
<b>Fax</b>		

**Please indicate (X) practice locale:**

<b>Specialist</b>  Presently practicing or retired from <b>inside</b> Halifax <input type="checkbox"/>	<b>Family Physician</b>  Presently practicing or retired from <b>inside</b> Halifax <input type="checkbox"/>
<b>Specialist</b>  Presently practicing or retired from <b>outside</b> Halifax <input type="checkbox"/>	<b>Family Physician</b>  Presently practicing or retired from <b>outside</b> Halifax <input type="checkbox"/>

### Nominators

*Please print and sign (two nominators required)*

Note: Nominators can send an e-mail in lieu of a signature to [board@doctorsns.com](mailto:board@doctorsns.com)

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
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