

NOMINATION FORM

Doctors Nova Scotia Board of Directors 2025-2026

Please return via email or fax by February 20, 2025:

Email: board@doctorsns.com

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>Family Physician</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>	

Nominators

Please print and sign (two nominators required)

Note: Nominators can send an e-mail in lieu of a signature to 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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