

NOMINATION FORM

Section of Family Doctors Council 2025-26

Please return form to Doctors Nova Scotia by October 2, 2025, by 11:59 pm. Mail or email to:

Family Doctors Council Nominations
Doctors Nova Scotia
25 Spectacle Lake Drive
Dartmouth, NS B3B 1X7
Email: sections@doctorsns.com

(Please print)

Name of nominee		
Address		
Email address		
Telephone number	Office:	Cell:
Fax number		

We are nominating this member for the following position:

Representative for _____
(Name of county/seat)

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 if applicable.
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 in the template provided outlining designations, relevant experience and motivation for running (**due by October 7, 2025**).

Nominators

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

Note: Nominators can send an e-mail in lieu of a signature to sections@doctorsns.com

1.	Name	Signature
2.	Name	Signature