



Nomination Form

Please fill out the form and email it back to the Chief Electoral Officer at ceo@doctorsofbc.ca before 11:59 PM Sunday February 21, 2021.

Submitted by (candidate) _____ BCMAID# _____
(full legal name)
on _____

Personal Information of Candidate

First Name:

Last Name:

Email Address:

Preferred Phone Number:

Address

Demographic Information

Demographic Information:

Enter Specialty or Practice Focus (if any):

Please note that the online nomination forms do not require a signature from the nominee, but they may be contacted to verify and confirm the acceptance of this nomination.

To Be Completed by the Nominator

I, _____ (BCMAID # _____) am a member in good standing
(full legal name)
of the Doctors of BC.

My registered address is:

_____, _____, BC. _____
(registered address) (city) (Postal Code)

As the Mover, I hereby nominate _____ (BCMAID# _____), also
(full legal name)

a member in good standing of the Doctors of BC, for election by the Representative Assembly.

as the/a

Dated at _____ BC, this _____ day of _____ 2021
(Location) (day) (month)

To Be Completed by the Seconder

I, _____ (BCMAID # _____) am a member in good standing
(full legal name)

of the Doctors of BC, second this nomination.

Dated at _____ BC, this _____ day of _____ 2021.
(Location) (day) (month)

Please note that the online nomination forms do not require a signature from the mover or the seconder, but may be contacted to verify and confirm their role in this nomination.