# Nomination Paper

## **Director**

We, the undersigned, being eligible to vote in Alberta and members in good standing of the Alberta College of Family Physicians, hereby nominate,

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***(print name)***

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(complete business street address)***

for election as a Director of the Alberta College of Family Physicians.

|  |  |
| --- | --- |
| 1. Name *(please print)* | Signature |
| Complete business street address | City/town/postal code |
| 2. Name *(please print)* | Signature |
| Complete business street address | City/town/postal code |
| 3. Name *(please print)* | Signature |
| Complete business street address | City/town/postal code |
| 4. Name *(please print)* | Signature |
| Complete business street address | City/town/postal code |
| 5. Name *(please print)* | Signature |
| Complete business street address | City/town/postal code |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having a mailing address in Alberta and being a member in good standing of the Alberta College of Family Physicians, accept the nomination and hereby authorize the Executive Director of the Alberta College of Family Physicians to place my name on the ballot paper for the March 2020 election for Director.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach a Letter of Intent (200-250 words) and a 1 – 2 page curriculum vitae.*

*This information will be circulated to all members of the Governance Advisory Committee.*