



# Sea to Sky Division of Family Practice

An FPSC initiative

## 2025 Nomination Form for Election to the Board of Directors

### 1. Candidate Information

<b>Name:</b>	<b>Clinic Affiliation (if applicable):</b>
<b>Address:</b>	
<b>Tel:</b>	<b>Email address:</b>

2. In a few lines, please share with us the reason for your interest in serving on the Board, relevant experience and specific interests with respect to the Divisions' work.

### 3. Candidate Declaration

(By checking off each area below, you indicate your agreement with and understanding of that statement.)

	I am a general voting member in good standing with the Division and I accept the support of the member references who have endorsed my nomination below.
	I am not aware of any conflict of interest that might prevent me from running for election/re-election and, if elected, from serving in the capacity as a member of the Board of Directors of the society.

### 4. Candidate Support:

Please provide the names and contact information of two members of the Sea to Sky Division of Family Practice Society who support the nomination of the above-named candidate for election/re-election to the Board of Directors of the society.

<b>Reference 1:</b>	_____	_____
	Full Name	Email
	_____	
	Phone	
<b>Reference 2:</b>	_____	_____
	Full Name	Email
	_____	
	Phone	