Sea to Sky
Division of Family Practice
An FPSC initiative

2025/25 Nomination Form for Election to the Board of Directors

1. Candidate Information

Name:	**Clinic Affiliation (if applicable):**
Address:	
Tel:	**Email address:**

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

3. Candidate Declaration

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

☐ I am a general 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.

Reference 1: _____ _____
Full Name Email

_____
Phone

Reference 2: _____ _____
Full Name Email

_____
Phone