

Nomination Papers
Board of Directors, Victoria Division of Family Practice

Nominee's name: _____

Address: _____

E-mail: _____

Telephone: _____

Fax: _____

What is your preferred method of communication?

E-mail

Phone

Fax

I am a member in good standing of the Victoria Division of Family Practice.

Yes

No

By signing this form, I acknowledge that:

- I have disclosed all personal, employment, and business relationships with the Society and its employees, suppliers, contractors and Directors, and all conflicts between my personal interests and those of the Society.
- I will disclose any conflicts of interest as soon as they arise.
- I will comply with the Constitution and Bylaws, and any policies set by the Directors.

Nominee's signature:

Date: _____

Please provide the names, signatures and contact information of two members of the Victoria Division who support your nomination:

1. Name (please print): _____

Contact: _____

Signature: _____

2. Name (please print): _____

Contact: _____

Signature: _____

Please submit a current CV/resume along with your Nominations Papers and Candidate's Statement to victoria@divisionsbc.ca.