

**NOMINATION PAPER FOR DISTRICT1 DELEGATE,  
Term Expires at the conclusion of the June 2017 AGM.  
(Please print legibly or type)**

I, ..... of .....  
am a member in good standing of the Doctors of BC in the same district as the nominated member and  
hereby nominate .....  
for election as **DELEGATE** \_\_\_\_\_; **VICE-DELEGATE** \_\_\_\_\_; **DISTRICT NOMINATOR**  
\_\_\_\_\_; (Please check **one** of the foregoing) for District .....  
Dated at ..... BC, this ..... day of ..... 2015

.....  
Signature of Mover

I, ..... of .....  
am a member in good standing of the Doctors of BC in the same district and hereby second the above  
nomination.  
Dated at ..... BC, this ..... day of ..... 2015

.....  
Signature of Seconder

\*\*\*\*\*

I, ..... of .....  
am a member in good standing of the Doctors of BC in the same district and hereby accept the above  
nomination.  
Dated at ..... BC, this ..... day of ..... 2015

.....  
Signature of Member Nominated

**PLEASE PRINT AND COMPLETE THIS NOMINATION PAPER. ALL THREE SECTIONS OF THE  
NOMINATION PAPER MUST BE COMPLETED AND FILED WITH THE CHIEF EXECUTIVE OFFICER  
BEFORE 11:59 pm, Tuesday October 13, 2015**

***PLEASE COMPLETE THE CANDIDATE INFORMATION ON REVERSE***

The nomination paper can be scanned and returned by fax to (604) 638-2919, emailed to [ceo@doctorsofbc.ca](mailto:ceo@doctorsofbc.ca) or mailed to the CEO, Doctors of BC, 115-1665 West Broadway, Vancouver BC V6J 5A4.

**CANDIDATE INFORMATION**

The purpose of collecting the following information is to create a biography for circulation to the members of your district in the event of an election.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OFFICE PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

UNIVERSITY \_\_\_\_\_ YEAR \_\_\_\_\_

DATE PRACTICE COMMENCED IN YOUR PRESENT DISTRICT \_\_\_\_\_

SPECIALTY, IF ANY \_\_\_\_\_

Detail relevant experience with related committees and/or other offices held, past or present, in other Societies, etc

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I consent to the use of this information for the purpose identified above.....*

Signature of Member Nominated