

**NOMINATION PAPER FOR  
PRESIDENT-ELECT; CHAIR, GENERAL ASSEMBLY; HONORARY SECRETARY TREASURER  
2014 ELECTION  
(PLEASE PRINT LEGIBLY)**

I, ..... of .....  
am a voting member in good standing of the Doctors of BC and hereby nominate.....

.....  
for election of **PRESIDENT-ELECT** \_\_\_\_\_; **CHAIR OF THE GENERAL ASSEMBLY** \_\_\_\_\_; **HONORARY SECRETARY  
TREASURER** \_\_\_\_\_. (Please check **one** of the foregoing.)

Dated at..... BC, this ..... day of ..... 2014

.....  
Signature of Mover

I, ..... of .....  
am a voting member in good standing of the Doctors of BC and hereby second the above nomination.

Dated at..... BC, this ..... day of ..... 2014

.....  
Signature of Seconder

I, ..... of .....  
am a voting member in good standing of the Doctors of BC and hereby second the above nomination.

Dated at..... BC, this ..... day of ..... 2014

.....  
Signature of Seconder

I, ..... of .....  
am a voting member in good standing of the Doctors of BC and hereby second the above nomination.

Dated at..... BC, this ..... day of ..... 2014

.....  
Signature of Seconder

I, ..... of .....  
am a voting member in good standing of the Doctors of BC and hereby second the above nomination.

Dated at..... BC, this ..... day of ..... 2014

.....  
Signature of Seconder

I, am a voting member in good standing of the Doctors of BC and hereby accept the above nomination.

Dated at..... BC, this ..... day of ..... 2014

.....  
Signature of Member Nominated

**PLEASE PRINT AND COMPLETE THIS NOMINATION PAPER. ALL SIX SECTIONS OF THE  
NOMINATION PAPER MUST BE COMPLETED AND FILED WITH THE CHIEF EXECUTIVE OFFICER  
BEFORE 11:59 pm, Thursday March 20 2014**

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

The nomination paper can be scanned and returned to by fax to (604) 638-2919, emailed to [ceo@doctorsofbc.ca](mailto:ceo@doctorsofbc.ca) or mailed to the CEO, BC Medical Association, 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 Doctors of BC membership 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 \_\_\_\_\_

OTHER OFFICES HELD, PAST OR PRESENT, IN OTHER SOCIETIES, ETC \_\_\_\_\_

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COMMUNITY INTERESTS \_\_\_\_\_  
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*I consent to the use of this information for the purpose identified above .....*  
Signature of Member Nominated