



VANCOUVER MEDICAL ASSOCIATION

NOMINATION FORM FOR VMA EXECUTIVE MEMBER 2015 ELECTION

I,.....OF.....

HEREBY NOMINATE FOR ELECTION

.....

DATED THIS DAY OF.....2015

.....
SIGNATURE OF MOVER

I, THE ABOVE-NAMED.....

HEREBY ACCEPT THE ABOVE NOMINATION

DATED AT BC, THIS..... DAY OF2015

.....
SIGNATURE OF MEMBER NOMINATED

*Completed nomination forms are to be submitted by April 16th, 2015 by email to
vma.manager@gmail.com or by fax to 604 638-2938.*