



CFIA VM Group NOMINATION FORM



I, _____ regular member of the _____ (Region) hereby express my willingness to serve on the CFIA Veterinary Medicine (VM) Group Executive.

_____ DATE	_____ SIGNATURE
WORK PHONE NUMBER: _____	WORK E-MAIL ADDRESS: _____
HOME PHONE NUMBER: _____	HOME E-MAIL ADDRESS: _____

Please accept my nomination for the following position (check one only):

REGIONAL REPRESENTATIVE

- NCR
 Prairie/Northwest Territories
 BC/Yukon

MEMBER-AT-LARGE

- Member-at-large

NOTE: A candidate may run for only one executive office. The nomination must be supported by at least three (3) Regular Members of the CFIA-VM Group. The names must be clearly printed and signatures for all sponsors are required.

The following regular members in good standing of the CFIA Veterinary Medicine Group sponsor me for nomination to the CFIA-VM Group Executive.

PLEASE PRINT	SIGNATURE
1. _____	_____
2. _____	_____
3. _____	_____

Candidates are encouraged to include with their nomination form a 200 word write-up, submitted in Word format, on why members should vote for them.

Nomination forms must be received by e-mail (with scanned nomination attached) to group_elections@pipsc.ca no later than noon (Ottawa time) November 15th, 2017.