



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: _____	WORK E-MAIL: _____
HOME PHONE: _____	HOME E-MAIL: _____

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

REGIONAL REPRESENTATIVE

- Ontario

 Québec

 Atlantic

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) October 19, 2018.