

*Nomination Papers*  
**Directors Election 2024, Victoria Division of Family Practice**

**Nominee's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**What is your preferred method of communication?**    E-mail                  Phone                  Fax

**I am a member in good standing of the Victoria Division of Family Practice.**

Yes

No

**By signing this form, I acknowledge that:**

- I have disclosed all personal, employment, and business relationships with the Society and its employees, suppliers, contractors and Directors, and all conflicts between my personal interests and those of the Society.
- I will disclose any conflicts of interest as soon as they arise.
- I will comply with the Constitution and Bylaws, and any policies set by the Directors.

**Nominee's signature:**

**Date:** \_\_\_\_\_

Please provide the names, signatures and contact information of two members of the Victoria Division who support your nomination:

1. Name (please print): \_\_\_\_\_

Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

2. Name (please print): \_\_\_\_\_

Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

*Please submit a current CV/resume along with your Nominations Papers and Candidate's Statement to [victoria@victoriadivision.ca](mailto:victoria@victoriadivision.ca) by August 2<sup>nd</sup>, 2024 at 5:00 pm.*