



BC COLLEGE OF
FAMILY PHYSICIANS
The home of family medicine

**NOMINATION to the Board of Directors
BC College of Family Physicians**

2016/2017

I, _____ CFPC # _____ hereby
nominate _____ for election as Director of
the BC College of Family Physicians.

Signature of Mover

Email Address

Date

SECONDER

I, _____ CFPC # _____ hereby second
the above nomination.

Signature of Mover

Email Address

Date

ACCEPTANCE OF NOMINATION

I, _____ CFPC # _____ hereby accept the
above nomination.

Signature of Mover

Email Address

Date

Please submit by September 18, 2016 to: office@bccfp.bc.ca or fax: 604-736-4675

All nominators, seconders and nominees must be active, affiliate specialist, or senior members of the BC College of Family Physicians and in good standing. **Please call 604-736-1877 if you do not receive a confirmation email within 2 business days that this nomination was received.**