



**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](mailto: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.**