



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 ADDRESS: _____ _____	HOME PHONE NUMBER: _____
	HOME E-MAIL ADDRESS: _____

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

REGIONAL REPRESENTATIVE

- BC / Yukon
 Prairie / Northwest Territories
 NCR

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 on why members should vote for them.

Nomination forms must be received by mail, e-mail (with scanned nomination attached) to group_elections@pipsc.ca, or facsimile (613) 228-7440 or 1-800-465-7477 no later than noon (Ottawa time) September 2nd, 2015.