

College of Chiropractors of British Columbia

#900-200 Granville Street
Vancouver, BC V6C 1S4
Phone: 604-742-6470
Toll-Free: 877-742-6470
Fax: 604-742-6471
www.chirobc.com

Notice of Nomination for Board Member – Lower Mainland

Three year term 2019 - 2022 or Two year term 2019-2021

I, Dr. _____ nominate Dr. _____
(Print Name) (Print Name)

as a candidate for election as **BOARD MEMBER CCBC LOWER MAINLAND** **seconded**

by Dr. _____
(Print Name)

Nominations must be received by **4:30 p.m., August 2, 2019** at the College office.

Nominator's Signature: _____

Secunder's Signature: _____

I, Dr. _____ hereby accept nomination to the position of
(Print Name)

BOARD MEMBER CCBC LOWER MAINLAND and will serve if elected.

- I declare that I will observe the provisions of the Health Professions Act, the regulations and bylaws and the procedures related to the election and the conduct of the election (S. 6. (1) of the Bylaws).
- I have included a brief biography for inclusion in the election ballot. *(optional)*
- I have included a completed copy of the candidate questionnaire for inclusion in the election ballot. *(optional)*

Candidate's Signature: _____

Date: _____

Nominee and nominators must be from the area defined by Schedule "A" as Lower Mainland.

Please forward a signed copy of this form with appropriate attachments by email (info@chirobc.com), fax (604-742-6471) or mail (College of Chiropractors of BC, 900-200 Granville Street, Vancouver BC, V6C 1S4).