

As physicians in good standing with CPSA, we nominate the following physician for election to CPSA Council, on the ballot opening Wednesday, September 16, 2020:

Name of nominee (printed): _____

From city/town: _____

1. First nominator:

Name (printed): _____

Signature: _____

Address: _____

CPSA registration #: _____

2. Second nominator:

Name (printed): _____

Signature: _____

Address: _____

CPSA registration #: _____

3. Third nominator:

Name (printed): _____

Signature: _____

Address: _____

CPSA registration #: _____

Acceptance from nominee:

I, _____ from _____,
confirm I am in good standing with CPSA and accept this nomination. I authorize CPSA's Registrar to place my name on the ballot paper for the election of CPSA Councillor, for the term beginning January 1, 2021.

Signature: _____

Date: _____

**Please email this form AND the physician candidate profile to elections@cpsa.ab.ca.
Nominations accepted until 4:15 p.m. (MT), Wednesday, September 9, 2020.**