



NOMINATION FORM

Section of General Practice
Executive Committee

We, the undersigned, being eligible to vote in the Section of General Practice of the Alberta Medical Association and members in good standing of the Section of General Practice and the Alberta Medical association (CMA Alberta Division) hereby nominate _____ of _____ (please insert complete street address).

1. Name (please print)	Signature
Street address	City/town/postal code/Region No.*
2. Name (please print)	Signature
Street address	City/town/postal code/Region No.*
3. Name (please print)	Signature
Street address	City/town/postal code/Region No.*
4. Name (please print)	Signature
Street address	City/town/postal code/Region No.*
5. Name (please print)	Signature
Street address	City/town/postal code/Region No.*

I, _____ of _____ (please insert complete street address) being a member in good standing of the Section of General Practice of the Alberta Medical Association, accept the nomination.

Date _____ Signature _____

NOMINATIONS CLOSE AT 0900 HOURS, FRIDAY, MAY 23, 2014.