

2018-2019 Nomination Form for Board of Directors

Position candidate is being nominated for (please check):

Director for:

- Vancouver Island (2 Year)
- Interior (2 Year Term)
- Vancouver Coastal (2 Year Term)
- Fraser (2 Year Term)

Nominee's name _____

Address _____

City/ Town _____ Postal Code _____

Telephone: Work _____ Home _____ Cell _____

Email _____

Nominators (must be an Active Individual Member in good standing, or the Designated Representative of an Active Member in good standing, or an Honorary Member (Bylaw 6.5) of BC Hospice Palliative Care Association)

Name _____

Address _____ City _____ Postal Code _____

Telephone: Work _____ Home _____ Email _____

Signature _____ Date _____

2) Name _____

Address _____ City _____ Postal Code _____

Telephone: Work _____ Home _____ Email _____

Signature _____ Date _____

**Nominations must be received by BCHPCA via mail, eMail or fax, no later than:
Tuesday, April 3, 2018**

**BCHPCA,
1100-1200 West 73rd,
Vancouver, V6P 6G5**

office@bchpca.org (eMail)

1-604-267-7024 (phone)

1-604-267-7026 (fax)

1-877 410 6297 (toll free)