



We, the undersigned, being eligible voting members, hereby nominate:

Name: _____

Address: _____

City:_____ **Prov:**_____ **PC:**_____

Phone: _____ **E-Mail:** _____

For the position of (please check one):

Chair **Vice Chair** **Treasurer** **Special Events** **Senior Review Editor**

Junior Review Editor **Secretary** **Division Research Rep**

INDIVIDUAL NOMINATORS:

The Chief nominator is responsible for ensuring that all 4 nominators (plus the Chief) are eligible before submitting the nomination form. Members eligible to nominate are CPA voting members, who include; Full Members, Life or Honorary Members who are physiotherapists, Student Members and Associate Members. The Chief Nominator is to register as # 1.

Name	CPA number	Signature

Please attach a 100-word summary of why you want to be an Orthopaedic Division executive and what you hope to accomplish.

Nominations are due by _____. Please email completed form and supporting documents to Jennifer MacMillan: orthodiv@shaw.ca