

we, the undersigned	i, being eilgibi	e voting members, nerei	oy nominate:
Name:			
Address:			
City: Prov:		PC:	
Phone:		E-Mail:	
For the position o	f (please ch	eck one):	
Chair Chair Elect Treasurer Comms Chair Special Projects Chair			
Junior Resource Chai	ir KT Re	Senior Resour	ce Chair 🗌
Student Liaison			
eligible before submi members, who include	r is responsibl tting the nomi de; Full Memb	nation form. Members e pers, Life or Honorary Me	nominators (plus the Chief) are ligible to nominate are CPA voting embers who are physiotherapists, nator 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 **April 11, 2023**. Please email completed form and supporting documents to Jennifer MacMillan: <a href="mailto:orthodiv@shaw.ca">orthodiv@shaw.ca</a>