



## NOMINATION FORM

Please complete and return the form if you wish to stand as an Area Representative on the National Council of the Family Doctor Association. The candidate, proposer and seconder must be fully paid up members of the Family Doctor Association

I wish to stand as Council member for \_\_\_\_\_ (area, country)

**Candidate name and address**

*(please delete as applies)*

**Why you wish to stand for this post? (100 words max)**

**Signature of candidate:** 

**Proposed by:**  
(Name and address of proposer)

**Signature of proposer:** 

**Seconded by:**  
(Name and address of seconder)

**Signature of seconder:** 

Please return to Family Doctor Association, 9 York Street, Heywood OL10 4NN or by fax on 01706 691880. Deadline for submission Friday 31<sup>st</sup> July 2009 at 4.00 p.m.