



## ELECTION 2018 CDA NOMINATION CONSENT FORM

I, \_\_\_\_\_ Certification # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

hereby consent to allow my name to stand for nomination for election as CDA Board Member.

Name to be printed on ballot (if different from above) \_\_\_\_\_

I declare that I will observe the provisions of the *Health Profession Act*, the Regulations, and the CDSBC Bylaws, and the procedures related to the election and the conduct of the election.

Signature \_\_\_\_\_



## ELECTION 2018 CDA NOMINATION FORM

*The signatures of five CDAs in good standing are mandatory.*

**We hereby nominate** \_\_\_\_\_ **Certification #** \_\_\_\_\_

for the position of CDA Board Member.

**1) Name** \_\_\_\_\_ **Certification #** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**2) Name** \_\_\_\_\_ **Certification #** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3) Name** \_\_\_\_\_ **Certification #** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**4) Name** \_\_\_\_\_ **Certification #** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**5) Name** \_\_\_\_\_ **Certification #** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_