



ELECTION 2018 DENTIST NOMINATION CONSENT FORM

I, _____ Registration # _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

hereby consent to allow my name to stand for nomination for election as:

Position _____

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 _____



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The signatures of five dentists in good standing are mandatory.

We hereby nominate _____ **Registration #** _____

in the 2018 Election for the position of: _____

1) Name _____ **Registration #** _____

Signature _____ Date _____

2) Name _____ **Registration #** _____

Signature _____ Date _____

3) Name _____ **Registration #** _____

Signature _____ Date _____

4) Name _____ **Registration #** _____

Signature _____ Date _____

5) Name _____ **Registration #** _____

Signature _____ Date _____