



**FEDERATION OF MEDICAL WOMEN OF CANADA**  
**FÉDÉRATION DES FEMMES MÉDECINS DU CANADA**

**2020 - 2021 BOARD NOMINATION FORM**  
**Candidate Information**

Name:

Home address:

Home or work phone number:

Cellphone number:

E-mail address:

Employment/Occupation:

Education:

Previous experience (if any) with the FMWC:

Please circle or highlight any of the following skills or experience that the candidate possesses.

*Finance, accounting*

*Management, administration*

*Grant writing*

*Nonprofit experience*

*Fundraising and special events*

*Coaching experience*

*Public relations, communications*

*Contacts, networking*

*Other \_\_\_\_\_*

*Other \_\_\_\_\_*

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic):

I, \_\_\_\_\_, a member in good standing, am interested in submitting my name for nomination to the Board of Directors of the Federation of Medical Women of Canada. I understand that a list of nominees will be presented to and approved by election by members at the Annual General Meeting on Saturday, October 3, 2020. Roles will be determined and confirmed at the first annual board meeting.

For those nominating a candidate

Submitted by

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated? \_\_\_\_ Yes \_\_\_\_ No

If "yes," would he/she be willing to serve if elected? \_\_\_\_ Yes \_\_\_\_ No

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**THANK YOU FOR YOUR NOMINATION!**

Please return to: FMWC National Office  
1021 Thomas Spratt Place, Ottawa (ON) K1G 5L5  
T: 1.844.215.8455 E: [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) [www.fmwc.ca](http://www.fmwc.ca)