

## Appendix VII: Nomination Form



**IPAC Northern Alberta**  
A Chapter of Infection Prevention and Control (IPAC) Canada

### NOMINATION FORM

*To nominate an individual please complete this form and return by fax or email to chapter President-elect.*

Name of IPAC NA voting member #1: \_\_\_\_\_ Membership number \_\_\_\_\_

Name of IPAC NA voting member #2: \_\_\_\_\_ Membership number \_\_\_\_\_

We, as registered Voting Members of IPAC Northern Alberta, wish to nominate the following person for election to the Board of Directors of IPAC Canada for the position of: \_\_\_\_\_.

**Candidate name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email address** \_\_\_\_\_

### - Consent -

We, the undersigned, have also contacted and advised the nominee that he/she has been nominated as a candidate for election to the Executive Board of IPAC NA, and that, if elected, he/she consents to so act.

\_\_\_\_\_  
**Member Signature #1**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Member Signature #2**

\_\_\_\_\_  
**Date**