



British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners

卑詩省中醫針灸師公會

#404 – 999 Canada Place, Vancouver, BC V6C 3E2 Canada

Tel: (604)-428-6226

info@atcma.org

http://www.atcma.org

2018 ATCMA Board Nomination Form

This Nomination Form is for the 2018 Board of Directors of the ATCMA. Nominees must be willing to serve on the Board, accept responsibility and work voluntarily in the interest of the ATCMA if they are elected. Please **mail or scan and email the completed form** with your **one page bio** to the ATCMA Office **before 6:00 p.m. on September 1st, 2018 (Sat)**.

ATCMA address: #404 – 999 Canada Place, Vancouver, BC V6C 3E2 / **E-mail:** info@atcma.org

Full Name of Nominee: _____ Registration #: _____

Signature: _____

Biography: (Please attach a one page biography)

Were you involved with any other Association[s] before? Yes / No If yes, please specify the name of Association[s]:

We wish to nominate the above Member(s) for Election of the Board Directors at the Annual General Meeting of September 23rd, 2018.

Proposed By: _____ (Please Print) Registration #: _____ Signature: _____

Seconded By: _____ (Please Print) Registration#: _____ Signature: _____

2018 理事提名表

此为2018年度卑詩省中醫針灸師公會理事提名表。候选人必须在获选后愿意接受为理事会义务工作。请将填妥的**表格与个人简介**（不超过一页）于**2018年9月1日(星期六)下午六时前**邮寄或扫描并电邮至公会办公室。

ATCMA地址： #404 – 999 Canada Place, Vancouver, BC V6C 3E2 / **E-mail:** info@atcma.org

被提名人姓名：_____ 执业注册号：_____ 接受提名簽字：_____

被提名人简历：（請附不超过一頁的簡歷）

閣下是否其他協會的會員？是 / 否

若是，請詳列組織的名稱：

我們提名上述會員參加2018年9月23日會員大會之理事選舉。

第一提名人：_____ 执业注册号：_____ 簽字：_____

第二提名人：_____ 执业注册号：_____ 簽字：_____