



CANADIAN VETERINARY
MEDICAL ASSOCIATION
L'ASSOCIATION CANADIENNE
DES MÉDECINS VÉTÉRINAIRES

CVMA Nomination Form

Council Member Nominee for Québec (2020-2023)

Nominee Information

Name: _____

Address: _____

Nominated by the following CVMA members

1. _____
(Please print full name) (Signature)

2. _____
(Please print full name) (Signature)

I am an active CVMA member and, if elected, agree to serve as Council member for a three-year term.

(Signature of Nominee)

(Date)

Nominations must be sent to admin@cvma-acmv.org before **May 3, 2020**.

We ask nominees to send us a recent photograph and short biography.



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