

**NOMINATION FORM:  
OMA PRESIDENT-ELECT NOMINEE  
SELECTION**

Note: The OMA 2019 President-Elect shall be elected by OMA Council members on May 5, 2019, during the Annual Meeting of Council. Prior to that election, the OMA shall hold an OMA President-Elect Non-Binding Nominee Selection of the OMA membership.

We, the undersigned Council Delegates of the Ontario Medical Association, hereby nominate:

FULL NAME: (please print) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

for the OMA President-Elect Nominee Selection 2019/2020

**NOMINATORS:**

1. \_\_\_\_\_  
(FULL NAME) (OMA Number) (SIGNATURE)

ADDRESS: \_\_\_\_\_

2. \_\_\_\_\_  
(FULL NAME) (OMA Number) (SIGNATURE)

ADDRESS: \_\_\_\_\_

3. \_\_\_\_\_  
(FULL NAME) (OMA Number) (SIGNATURE)

ADDRESS: \_\_\_\_\_

*(Additional names and signatures may be appended.)*

**CONSENT:**

I, \_\_\_\_\_, as an OMA Council Delegate and/or on the OMA Board of Director as of the conclusion of the May 2019 Annual Meeting of Council, HEREBY CONSENT to my nomination for the position and term as noted above. I agree to stand for election and serve if elected.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ OMA #: \_\_\_\_\_

**THIS COMPLETED FORM MUST BE RECEIVED BY OMA Elections (email: [Elections@oma.org](mailto:Elections@oma.org); fax: 416.340.2944; mail: Ontario Medical Association, Suite 900, 150 Bloor Street West, Toronto, ON M5S 3C1); BY 5:00 P.M. ON Tuesday, April 2<sup>nd</sup>, 2019.**