



GHANA MEDICAL ASSOCIATION FUND NOMINATION FORM FOR ELECTION



(Please read the instruction at the back before completing this form)

PARTICULARS OF NOMINEE

Surname:..... First Name:.....

Date of Birth:..... Place of Birth:..... Nationality:.....

Postal Address:.....

Current Division:.....

Tel:..... Fax:..... Email:.....

Position Vying for:.....

Position(s) held by nominee at Divisional or National Level:

Position	Dates	Indicate National or Division

Signature:.....

We the undersigned do hereby nominate Prof./Dr. for
the position of Member Director onto the GMA FUND of the Association.

1. Nominated by

Division:..... Signature:.....

2. Seconded by.....

Division:..... Signature:.....

3. Third Proposer.....
Division..... Signature:.....

INSTRUCTIONS

- 1) The first two members making the nomination must be member of the GMA Fund and in good standing with the Association and should be members of the same Division as the nominee.
- 2) The third proposer supporting the nomination must be a member of the GMA Fund and in good standing with the Association and shall belong to a division other than the Division of the nominee.
- 3) All names on this nomination form (nominee and proposers) must be written in full.

DEADLINE for the submission of completed nomination form to the National Secretariat is Friday, August 19, 2022, by 5.00 p.m. latest.

FOR OFFICE USE ONLY

1. Application Received
On: Date:..... Time:.....
By: Name:..... Signature:.....

2. Comment(s) by Electoral Committee
.....
.....
.....
.....

Name:..... Signature:.....
(CHAIRMAN, ELECTORAL COMMITTEE)