



Call for Nominations Form

We hereby nominate _____ to occupy a Director position on the Board of Directors of the Canadian Academy of Geriatric Psychiatry for the ensuing year or until his/her successor is elected or appointed.

Nominee's membership category: Full member

Please submit a **brief description (250 words or less)** of the candidate, including the number of years they have been practicing geriatric psychiatry, how they can contribute to the Board and any other information to support their nomination.

This nomination must be supported by **three (3) Academy members** in good standing.

1. Name: _____ Email: _____

Signature: _____

2. Name: _____ Email: _____

Signature: _____

3. Name: _____ Email: _____

Signature: _____

Written nominations must be submitted via email to cagp@secretariatcentral.com