



The Christian Medical Fellowship of South Africa
Die Christen Geneeskundige Bond van Suid-Afrika

Association Incorporated Under Section 21
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NOMINATION FORM

Nomination of office bearers for the *Christian Medical Fellowship of South Africa*

I, (full name printed), being a member of the *Christian Medical Fellowship of South Africa*, hereby nominate the following person(s) to act as office bearers of the Fellowship:

As Director(s) (previously "Executive Committee"):

- (name printed in block capitals)
- (name printed in block capitals)
- (name printed in block capitals)

As Member(s) of the National Policy Committee (previously "Council"):

- (name printed in block capitals)
- (name printed in block capitals)
- (name printed in block capitals)

Note: Nominated Directors will automatically be nominated to the National Policy Committee.

With my signature below, I confirm that I have contacted the above-mentioned individuals and received their permission to nominate them for the positions.

.....
Signature

.....
Date