



**ALBERTA  
MEDICAL  
ASSOCIATION**

# Nomination Form Member Emeritus

SURNAME OF NOMINEE (PLEASE PRINT)		FIRST NAME AND INITIALS OF NOMINEE (PLEASE PRINT)	
ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER	

## Criteria for Award of Member Emeritus

Per the AMA Bylaws, "A Member of the Association may be awarded the distinction of Member Emeritus, which shall recognize significant contributions to the goals and aims of the AMA, seniority and long-term membership based on criteria determined by the Board. Nominations will be made by the Nominating Committee or by a Full Member of the Association. The nominees shall be approved by a unanimous vote of the Board."

A member must have **20 years** (not necessarily consecutive) of involvement in AMA activities, including:

- Committee work (internal AMA or appointment to external committees)
- Representative Forum
- Board of Directors
- Section executive
- Zone Medical Staff Association/Regional Medical Organization executive
- Liaison with other medical organizations

*Please complete page 2...*

1. Please provide a statement describing why you believe the member should be considered for Member Emeritus status with the AMA.

2. Any other information that you feel is relevant to your nomination is welcome. (Please attach it to this form if necessary.)

Date \_\_\_\_\_

Name of Nominator (please print) \_\_\_\_\_

Signature of Nominator \_\_\_\_\_

**Please fax the application to Ava Butterworth by February 1 (fax 780.482.5445) or scan and email it to [ava.butterworth@albertadoctors.org](mailto:ava.butterworth@albertadoctors.org).**