

## **Nomination Form** Mombor Emoritus

ASSOCIATION		Mellib	ei Eilleiltus
SURNAME OF NOMINEE (PLEASE PRINT)	FIRST NAME AND INITIALS	NAME AND INITIALS OF NOMINEE (PLEASE PRINT)	
ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
EMAIL ADDRESS		TELEPHONE NUMBE	R
riteria for Award of Member Emeritus			
er the AMA Bylaws, "A Member of the Association recognize significant contributions to the goals and a riteria determined by the Board. Nominations will be association. The nominees shall be approved by a un	ims of the AMA, seni e made by the Nomii	ority and long-tenating Committe	erm membership based on
he AMA has made a practice of first considering rec	•	-	

have at least 20 years (not necessarily consecutive) of involvement in AMA activities, including:

- Committee work (internal AMA or appointment to external committees)
- Representative Forum

Signature of Nominator

- **Board of Directors**
- Section Executive
- Zone Medical Staff Association/Regional Medical Organization executive
- Liaison with other medical organizations
- 1. Please provide a statement describing why you believe the member should be considered for Member Emeritus status with the AMA.

<ol> <li>Any other information that you feel necessary.)</li> </ol>		u feel is relevant to your nomination is welcome. <i>(Pleas</i>	se attach it to this form if
	Date	Name of Nominator (please print)	-

Please email the application to Annette Ross annette.ross@albertadoctors.org by February 15.