



604-5657 Spring Garden Road
Lobby Box 142
Halifax, NS B3J 3R4
Phone: 902-800-0758

info@chirosns.ca

Call for Nominations

The nominee must be a current member in good standing with both CNS and NSCC.

Please note the following "Nomination Statement" and "Willingness to Serve Statement" must be signed by BOTH the nominating member and the nominee.

Please email all nominations to the Board of CNS to:

Dr. Ben Boudreau – President
c/o Andrea Edwards
Associate Executive Director
Chiropractors Nova Scotia
5657 Spring Garden Road, Suite 604
Halifax, NS B3J 3R4
Office: 902-800-0758
Email: info@chirosns.ca

Nomination to the Board of Directors - Chiropractors Nova Scotia

I, _____, do hereby nominate _____,

For a position on the Board of Directors, Chiropractors Nova Scotia.

Signature of nominator: _____ Date: _____

Declaration of Willingness to Serve

I, _____, am willing to serve in the above-said capacity.

Signature of nominee: _____ Date: _____