



Florida State Oriental Medical Association

NOMINATION FORM **2019 ELECTIONS - BOARD OF DIRECTORS**

Nominated By (Your Name) _____
E-mail address (Yours) _____
Telephone number (Yours) _____

Please nominate qualified FSOMA members. All nominees must be Acupuncture Physician (AP) members of FSOMA in good standing.

The following seats are available for the upcoming elections: There are 2 seats available on the Board.

BOARD MEMBERS

Name of member nominated _____ Lic. # _____ Tel. _____

Name of member nominated _____ Lic. # _____ Tel. _____

Name of member nominated _____ Lic. # _____ Tel. _____

Name of member nominated _____ Lic. # _____ Tel. _____

Name of member nominated _____ Lic. # _____ Tel. _____

*The offices of Secretary will be elected by the Board of Directors at the annual meeting of the Board of Directors.

ALL NOMINATIONS MUST BE SUBMITTED IN WRITING AND RECEIVED BY 6/25/19.

SEND NOMINATIONS TO: FSOMA Office-Elections, PO Box 10066, Bradenton, FL 34282
or via E-mail: rafael@fsoma.com , Subject: 2019 Elections”.