



**United
Kingdom
Clinical
Pharmacy
Association**

**NOMINATION FOR ELECTION AS A
MEMBER OF THE UKCPA GENERAL
COMMITTEE**

DETAILS OF NOMINEE:

Name: _____

Address: _____

(Please Print)

e-mail address: _____

UKCPA Membership Number: (00)_____

Hospital/Community/Academic/Industry/Primary Care/Health Board pharmacist

I accept nomination for election as a member of the General Committee of the United Kingdom Clinical Pharmacy Association. **I attach a statement of approximately 200 words in support of the nomination.**

Signed: _____

Date: _____

NOMINATOR

I wish to propose the above named person as a candidate for election as a member of the General Committee of the United Kingdom Clinical Pharmacy Association.

Signed: _____

Date: _____

NAME _____

ADDRESS: _____

UKCPA Membership Number: (00)_____

Completed nomination forms to be **returned by 5pm, 10th March 2012**, by one of the following means:

By Post: UKCPA ,Office, 1st Floor, Publicity House, 59 Long Street, Wigston, Leicestershire, LE18 2AJ,

By email: mmatthews@ukcpa.com

By fax: 0116 2776272

Please clearly mark your envelope '**General Committee Nomination**'