



MALTA COLLEGE OF FAMILY DOCTORS
127, Professional Centre,
Sliema Road, Gzira, GZR 1633 MALTA (Europe)
Email: contact@mcfd.org.mt
Website: <http://www.mcfd.org.mt>

Call for Candidates of MCFD Council

Dear Colleague,

The mandate of the current council is coming to an end. Hence this call for candidates of MCFD Council. By statutes council is to be not more than nine voting members. These shall consist of the President, Vice-President, Treasurer, Registrar, Secretary and 4 other roles to be defined by the elected Council. The newly elected President, as of November 2024, is Dr Leonard Callus. The Electoral Commission has been informed of the need to fill the Council vacancies.

Interested candidates are to send an application form with the due signatures of nominee and proponents to the Electoral Commission on the address below.

The Nominee and the Proponents must be:

1. a Specialist in Family Medicine
2. a **full member** of the Malta College of Family Doctors
3. a **fully paid up member** of the Malta College of Family Doctors
4. is in good standing with the Medical Council
5. is in good standing with the Malta College of Family Doctors.

Relevant documentation to prove the above is to be attached with the application form.

Nominations will be received till 15th March 2025 to the attention of the:

MCFD Electoral Commission c/o Dr Jurgen Abela, 16-18, Triq Mons. Debono, Hal Luqa LQA 1791.

Dr Edward Zammit
Honorary President MCFD

Dr. Jason Bonnici
Honorary Secretary MCFD

7th February 2025



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Application form for Member of the Council

I, the undersigned _____ accept the nomination to run for Member
of the Council of the Malta College of Family Doctors.

I am a Specialist in Family Medicine, I am a full member of the Malta College of Family Doctors, I am a fully paid
up member of the Malta College of Family Doctors, I am in good standing with the Medical Council and I am in
good standing with the Malta College of Family Doctors.

The necessary documentation is attached with this application.

I will abide with the rules and regulations of the MCFD Electoral Commission.

Signature of **Nominee**: _____

Name and Surname: _____

College Number: _____

Medical Registration Number: _____

Signature of **Proponent 1**: _____

Signature of **Proponent 2**: _____

Name and Surname: _____

Name and Surname: _____

College Number: _____

College Number: _____

Medical Registration Number: _____

Medical Registration Number: _____