



MALTA COLLEGE OF FAMILY DOCTORS

127, Professional Centre,

Sliema Road, Gzira GZR1633 Malta (Europe)

Email: contact@mcfcd.org.mt

Website: www.mcfcd.org.mt

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

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

Signature of **Nominee**: _____

Name and Surname: _____

College Number: _____

Medical Registration Number: _____

Email address: _____

Contact 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: _____

The following documentation must be attached with this application form:

- i. European Certificate of Current Professional Status (Good Standing) from the Medical Council Malta
- ii. Letter of Good Standing from the Malta College of Family Doctors

Documentation should be scanned and sent to electoralcommission@mcfcd.org.mt by not later than the deadline provided.