

**South Carolina Pharmacy Association**  
**Board of Directors Candidate Nomination Form**

We, the undersigned, nominate \_\_\_\_\_, who is a SCPhA active member in good standing, for the position of:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> President-Elect             | <input type="checkbox"/> At-Large Director  | <input type="checkbox"/> Treasurer                |
| <input type="checkbox"/> Pee Dee Region Director     | <input type="checkbox"/> Upstate Region Director                                  | <input type="checkbox"/> Midlands Region Director |
| <input type="checkbox"/> Low Country Region Director | <input type="checkbox"/> Speaker-Elect (Elected by the House at June HOD meeting) |   |

*\*(Pee Dee and Upstate Region Directors elected in odd numbered years  
and the Midlands and Low Country Directors elected in the even numbered years)*

Nomination must be received **no later than February 21.**

Below are the signatures of fifteen (15) SCPhA active members in good standing, in support of this nomination. If this nomination is for a Region Director, the signatures must be from active members within that region.

1. \_\_\_\_\_

License #: \_\_\_\_\_

2. \_\_\_\_\_

License #: \_\_\_\_\_

3. \_\_\_\_\_

License #: \_\_\_\_\_

4. \_\_\_\_\_

License #: \_\_\_\_\_

5. \_\_\_\_\_

License #: \_\_\_\_\_

6. \_\_\_\_\_

License #: \_\_\_\_\_

7. \_\_\_\_\_

License #: \_\_\_\_\_

8. \_\_\_\_\_

License #: \_\_\_\_\_

9. \_\_\_\_\_

License #: \_\_\_\_\_

10. \_\_\_\_\_

License #: \_\_\_\_\_

11. \_\_\_\_\_

License #: \_\_\_\_\_

12. \_\_\_\_\_

License #: \_\_\_\_\_

13. \_\_\_\_\_

License #: \_\_\_\_\_

14. \_\_\_\_\_

License #: \_\_\_\_\_

15. \_\_\_\_\_

License #: \_\_\_\_\_

Email to:  
info@scrx.org

This form must be emailed **no later than February 21, 2022.** Incomplete forms will be considered invalid.