



# Kenya Medical Association

*Champion the Welfare of Doctors and Quality Healthcare in Kenya*

## **ANNOUNCEMENT**

### **2018 KMA NATIONAL ELECTIONS**

Nominations for the following positions are currently underway:

1. Hon. National Chairman
2. Hon. National Vice-Chairman
3. Hon. National Secretary
4. Hon. National Treasurer

Interested candidate(s) to pick Nomination Forms from the KMA Centre (Chyulu Road, Upper Hill, Nairobi) or from his/her Divisional Chairman/Chairperson or download from the website [www.kma.co.ke/kmaelections](http://www.kma.co.ke/kmaelections)

**DEADLINE FOR SUBMISSION OF NOMINATION FORMS IS  
MONDAY**

***5<sup>TH</sup> MARCH 2018 – 5.00 P.M.***

**DR. NYAIM OPOT**  
**CHAIRMAN, KMA ELECTORAL COMMITTEE**

*For more information, please contact the Chairman, KMA Electoral Committee*

# **NOMINATION FORM**

**FOR THE OFFICE OF:** -----

**CANDIDATE’S NAMES (In Full, as they should appear on the Ballot Paper):**

.....KMA Membership No.: .....  
Address: MP&DB Reg. No.: .....

- I certify that I have paid ALL my Association’s dues, up to December 31<sup>st</sup>, 2017. Certified Copy of Evidence of Payment
- I am willing to accept nomination and agree to stand for this post. If elected, I promise to uphold the honor, traditions and Rules of KMA to the best of my ability.
- I have not been convicted of any criminal offence (Rule 7.3.2 [b]).

**Candidate’s Signature:** ..... **Date:** .....

**Proposer’s Names (In Full):** ..... **KMA Membership No.:** .....  
**Address:** MP&DB Reg. No.: .....

I certify that I have paid ALL my Association’s dues, up to December 31<sup>st</sup>, 2018. Certified Copy of original receipt attached (Rule 7.1.3).

**Proposer’s Signature:** ..... **Date:** .....

**Seconders’ Names (In Full):** ..... **KMA Membership No.:** .....  
**Address:** MP&DB Reg. ....

I certify that I have paid ALL my Association’s dues, up to December 31<sup>st</sup>, 2017. Certified Copy of original receipt attached (Rule 7.1.3).

**Seconders’ Signature:** ..... **Date:** .....

**NOTE**

1. All the present holders of National Offices are eligible to stand for those offices IF THEY HAVE NOT SERVED TWO CONSECUTIVE TERMS.
2. A Copy of the Candidate’s “STATEMENT” and PASSPORT SIZE COLORED PHOTOGRAPH should be submitted with this Nomination form, for distribution to voters.
3. Responsible canvassing is allowed as long as KMA facilities and staff are not involved.
4. Full copy of election rules available from [www.kma.co.ke](http://www.kma.co.ke)

**PLEASE RETURN THIS NOMINATION FORM TO:**

THE CHAIRMAN  
KMA NATIONAL ELECTORAL COMMITTEE  
P.O. BOX 48502 – 00100  
NAIROBI  
KENYA

**SO AS TO REACH THE KMA NATIONAL OFFICE (KMA CENTRE, 4<sup>TH</sup> FLOOR, CHYULU ROAD, UPPER HILL, NAIROBI) NOT LATER THAN 5<sup>TH</sup> MARCH 2018.**