



## Board of Directors Candidate Nomination Form

APRx shareholders may use this form to nominate themselves or other eligible APRx members as candidates for the American Pharmacies Board of Directors. **If you are nominating someone other than yourself, you must provide your name and contact information below.** American Pharmacies will verify the eligibility of all nominees before they may seek election to the APRx Board of Directors.

Candidate Nominee's Name: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ City: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Please provide a brief description of the nominee's qualifications to serve as an APRx board member:**

**If you are nominating someone other than yourself, please provide the following information:**

Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Please fax your completed nomination form to APRx  
at 361-887-6111 or email to [mrodriguez@aprxi.org](mailto:mrodriguez@aprxi.org).**

**All Nominations Must be Received  
by 5 p.m. on Friday, July 29, 2022**