



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@aprx.org.**

**All Nominations Must be Received
by 5 p.m. on Friday, April 28, 2023**