

To all AzAFP voting members:

In accordance with the bylaws and procedures of the Arizona Academy of Family Physicians, the following slate of candidates is submitted to the voting members for the election of the 2010-2011 officers. Each candidate for office has provided AzAFP with biographical information and a personal statement that are posted on the website ([www.azafp.org](http://www.azafp.org)) with this ballot.

**Ballots must be returned to the AzAFP office by fax to 602-274-3631 or by mail to 5320 N. 16<sup>th</sup> Street, Suite 102, Phoenix, AZ 85016. Ballots must be postmarked or received via fax no later than Friday, February 19 at 5:00pm. Ballots received by fax or postmarked after that date will not be valid. Ballots returned without a voting member signature where indicated will also be invalidated. YOU MAY VOTE ONLY ONCE.**

Terms of office begin following the installation of officers on Friday, March 5, 2010, at the AzAFP Annual Clinical Education (ACE) Conference Awards Reception, which will be held at the Scottsdale Cottonwoods Resort & Suites.

## OFFICIAL AZAFP BALLOT

Vote for one candidate for each office

<b>President-Elect</b> (1-year term)	<input type="checkbox"/> Gregory R. Lewis, MD, FAAFP <input type="checkbox"/> _____ (write-in)
<b>Vice President</b> (1-year term)	<input type="checkbox"/> Melody Jordahl, MD <input type="checkbox"/> _____ (write-in)
<b>Secretary</b> (2-year term)	<input type="checkbox"/> Charlotte Gurule, MD <input type="checkbox"/> _____ (write-in)
<b>Director-at-Large</b> (3-year term)	<input type="checkbox"/> Robert Bailey, PharmD, MD <input type="checkbox"/> Andrea Darby-Stewart, MD <input type="checkbox"/> _____ (write-in)
<b>AAFP Delegate</b> (2-year term)	<input type="checkbox"/> Edward Schwager, MD <input type="checkbox"/> _____ (write-in)
<b>AAFP Alternate Delegate</b> (2-year term)	<input type="checkbox"/> William Thrift, MD <input type="checkbox"/> _____ (write-in)
<b>AAFP Alternate Delegate</b> (Finishing out term for Edward Schwager, MD)	<input type="checkbox"/> Andrew Carroll, MD <input type="checkbox"/> _____ (write-in)

Voting Member Signature: \_\_\_\_\_