

NOMINATION FORM

51-Nominations

- (1) *Prior to the election of each position, the Chairperson of the meeting must call for nominations to fill that position.*
- (2) *An eligible member of the Association may—*
 - (a) *nominate himself or herself; or*
 - (b) *with the member's consent, be nominated by another member.*
- (3) *A member who is nominated for a position and fails to be elected to that position may be nominated for any other position for which an election is yet to be held.*

I, Employee Number:
(name)

of
(address)

wish to nominate:

..... Employee Number:
(name of appointee)

of
(address of appointee)

myself

to stand as Committee Member of the Australian Paramedics Association of Victoria Inc. in the position of (please tick selected position):

- | | |
|-----------------------|--------------------------|
| President | <input type="checkbox"/> |
| Vice-President | <input type="checkbox"/> |
| State Liaison Officer | <input type="checkbox"/> |
| Treasurer | <input type="checkbox"/> |
| Secretary | <input type="checkbox"/> |

Seconded by: Name Signature

I accept the above nomination for the position of _____

Name:

Signature:

Date:

Please return this form by 15/11/19 to:
The Secretary, APA (Vic) Inc.
By Email to: secretary@apavic.org.au
By Fax to: 03-9011 6117
PO Box 457, Mornington Vic 3931