



Advanced
Practicing
Podiatrists
HIGH RISK FOOT GROUP

Office Bearer Nomination Form 2014

Please note: It is the responsibility of the candidate to ensure the nomination form is submitted to the Secretary by close of business **one** week before the AGM (held 27 August 2014). Late nominations cannot be accepted.

Candidate Details:

Name	
Residential Address	
Member of APP-HRF*	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Only financial members as of 31 July 2014 may nominate and vote for positions

#The elected committee of 9 people will determine the Executive roles of President, Vice-President, Secretary & Treasurer, as well as the non-Executive roles.

Candidate Declaration

I consent to the above nomination, and to act if elected, and declare that I am qualified to be elected.

Signature of Candidate

Date

This notice of nomination must be signed by at least one nominator eligible to vote in this election.

Nominator(s)		
Name of Nominator	Signature of Nominator	Date

Please return to the APP-HRF Secretary. Nominations must be received no later than 5pm on 20 August 2014.

Address: c/o APP-HRF Group, PO Box 29, Kew, Victoria 3101.

Email: app-hrf@ozemail.com.au