



NOMINATION FORM FOR OFFICE BEARER OF THE ASSOCIATION

NOMINEE TO COMPLETE:

I, _____ (name)

a financial member of the Australian Senior Active Doctors Association,
hereby nominate for the position of:

- President
- Vice President
- Treasurer
- Secretary

Signature: _____ Date: _____

PROPOSED BY: _____

Signature: _____ Date: _____

SECONDED BY: _____

Signature: _____ Date: _____

Submit completed nomination form to ASADA_Secretary@outlook.com by 13th August 2022.

Note: Nominees, Proposers and Seconders must be current financial members of ASADA.