

NOMINATION FORM

To be returned to: **Returning Officer, AMA (WA) by post, fax or email below**
To reach the Returning Officer no later than **5pm on Sunday, 31 May 2020.**

The undersigned financial members of the Australian Medical Association (WA) Inc. hereby nominate:

Dr _____ for the position

of _____
(Full Name - Block Letters) (Insert full details of office)

NOMINATORS

Proposer: _____
(Full Name - Block Letters)

Signature: _____

Secunder: _____
(Full Name - Block Letters)

Signature: _____

NOMINEE'S ENDORSEMENT OF THE NOMINATION

I _____ hereby accept the above nomination.
(Full Name - Block Letters)

Signature: _____ Date: _____

Postal Address: _____

Tel: Work: _____ Mobile: _____

CANDIDATE'S STATEMENT

Candidates nominating for any position on the Council must include with their nomination form a statement to be published by the AMA (WA) and distributed with ballot papers. **The statement should NOT exceed 150 words and should be restricted to the candidate's personal history and policy statement. Any statement that exceeds 150 words will be rejected and be referred back to the candidate for amendment and re-submission.**

The content of this manifesto is subject to approval by the AMA (WA) President. The following details should be included separate from the statement: full name, age, General Practice/specialty/other, practice address (one only), service on the Council.

NOTE

1. **A nomination form MUST be accompanied by a statement.**
2. Nominations must reach the Returning Officer no later than the close of business **5pm Sunday, 31 May 2020.**
3. Nominations should be addressed to:
 - i. **Returning Officer, AMA (WA) Election, PO Box 133, NEDLANDS WA 6909**
 - ii. **Fax 9273 3073**
 - iii. **Email: mail@amawa.com.au**
4. Where a nominee wishes to withdraw from nomination for any reason after that nomination has been lodged, he/she shall provide the Returning Officer with his/her written notice of withdrawal.