



Australian Medical Association (NSW) Limited

## ELECTION NOTICE

### 2019 ELECTION OF COUNCIL - Nomination Form

With the exception of the Student Member Class, candidates and their nominators must be Ordinary Members, or in the case of a company, the Nominated Representative of an Ordinary Member. Candidates and their nominators must be members of the relevant class of the Association and must be financial members of the Association as at the date of the closing of nominations, i.e. 12:00 noon AEST, Thursday, 4th April, 2019. In respect of the Student Member Class, candidates must be Student Members of the Association. **No member or Nominated Representative shall nominate for more than one class on the Council.**

I, the undersigned, being a member of \_\_\_\_\_ Class and a \*financial member (or \*Student Member) of the Australian Medical Association (NSW) Limited hereby **nominate**: \*Delete whichever is inapplicable

_____	_____	_____
(SURNAME)	PLEASE PRINT CLEARLY	(GIVEN NAMES)
of _____		
(PRIMARY PRACTICE ADDRESS)		(POSTCODE)
of _____		
(RESIDENTIAL ADDRESS)		(POSTCODE)
( ) _____	( ) _____	_____
(PRACTICE PHONE NO.)	(HOME PHONE NO.)	(MOBILE PHONE NO.)
		(DATE OF BIRTH)
		_____
		(EMAIL ADDRESS)

as Candidate for the Council of the Australian Medical Association (NSW) Limited

representing \_\_\_\_\_ Class

FULL NAME OF NOMINATOR	ADDRESS	SIGNATURE
1. _____	_____	_____
(NAME)	(PRIMARY PRACTICE)	
	_____	
	(RESIDENTIAL ADDRESS)	

**NOTE:** This nomination must be made by one (1) member of the relevant class of the Association (other than the candidate) who must be a financial member of the Australian Medical Association (NSW) Limited. In respect of student members the nomination must be made by one (1) student members of the Association (other than the candidate).

I, being a member of the \_\_\_\_\_ Class and a \*financial member (or \*Student Member) of the Australian Medical Association (NSW) Limited do **hereby consent** to the nomination. \*Delete whichever is inapplicable

_____	_____
(SIGNATURE OF CANDIDATE)	(DATE)

#### IMPORTANT: CANDIDATE'S NAME ON THE BALLOT PAPER

For the purposes of uniformity only one given name is included on the ballot paper. Recognised abbreviations or derivatives of given names are acceptable e.g. Bill for William, Jim for James, Rose for Rosemary, but nicknames are not e.g. Blue, Rocky, Bunny.

_____	_____
(SURNAME)	(GIVEN NAMES)

My Affiliated Local Association or Special Group (only if applicable) is \_\_\_\_\_

Completed Nomination Forms must be lodged with Mr Phil Lewis the Returning Officer, Elections Australia Pty Ltd, not later than 12:00 noon AEST Thursday, 4th April, 2019. They may be returned to Mr Phil Lewis the Returning Officer via; **Email** ROCE2019@amansw.com.au. **In person** Level 6, 69 Christie Street, St Leonards NSW 2065, **Post** to Mr Phil Lewis the Returning Officer PO Box 121 St Leonards NSW 1590 or **Faxed** to Mr Phil Lewis the Returning Officer - 02 9438 3760. If you have any questions please email these to **ROCE2019@amansw.com.au** or phone **Mr Phil Lewis the Returning Officer on 02 9416 9627.**