

2017 APA NT National Groups Committee Nomination Form

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|---------------------------|--|
| Name | |
| APA Membership ID* | |
| Contact Number | |

To nominate for a national group state committee you must

- Be a current APA member
- Be a member of the national group in which you are nominating
- Submit a brief supporting statement

I wish to nominate for the following

APA NT National Group Committee: (please tick the group you wish to nominate for)

| | |
|---------------------------------------|--------------------------|
| Acupuncture & Dry Needling | <input type="checkbox"/> |
| Animal | <input type="checkbox"/> |
| Aquatic | <input type="checkbox"/> |
| Business | <input type="checkbox"/> |
| Cancer Palliative Care & Lymphoedema | <input type="checkbox"/> |
| Cardiorespiratory | <input type="checkbox"/> |
| Continence & Women's Health | <input type="checkbox"/> |
| Educators | <input type="checkbox"/> |
| Emergency Department | <input type="checkbox"/> |
| Gerontology | <input type="checkbox"/> |
| Musculoskeletal | <input type="checkbox"/> |
| Neurology | <input type="checkbox"/> |
| Occupational Health | <input type="checkbox"/> |
| Orthopaedic | <input type="checkbox"/> |
| Paediatric | <input type="checkbox"/> |
| Pain | <input type="checkbox"/> |
| Physiotherapy Leadership & Management | <input type="checkbox"/> |
| Sports | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> |

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|---|
| Proposer*: |
| Signature: Date: |
| APA Membership ID: |

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|---|
| Seconder*: |
| Signature: Date: |
| APA Membership ID: |

**Note: The member must be proposed and seconded by a current financial member of the APA.*

NOMINEE

I accept nomination for a position on the NT Chapter Committee of the _____
(National Group) and submit a brief statement to support my nomination. I declare that I am a financial member of the APA and have *good fame and character* and am a *fit and proper person* to serve on the Committee.

Signature: Date:

Return to:

Returning Officer: Carolyn Coleman **Email:** carolyn.coleman@physiotherapy.asn.au (preferred)

Fax: 08 8362 2223

Nominations Close: 12 October 2016