

2017 APA SA National Groups Committee Nomination Form

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

Acupuncture & Dry Needling	<input type="checkbox"/>
Animal	No Vacancies
Aquatic	No Vacancies
Business	<input type="checkbox"/>
Cancer Palliative Care & Lymphoedema	<input type="checkbox"/>
Cardiorespiratory	<input type="checkbox"/>
Continence & Women's Health	<input type="checkbox"/>
Educators	No Vacancies
Emergency Department	No Vacancies
Gerontology	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>
Neurology	<input type="checkbox"/>
Occupational Health	No Vacancies
Orthopaedic	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>
Pain	<input type="checkbox"/>
Physiotherapy Leadership & Management	No Vacancies
Sports	<input type="checkbox"/>
Disability	No Vacancies
Mental Health	No Vacancies

Proposer*:	
Signature:	Date:
APA Membership ID:	

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 SA 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