

## 2017 APA WA National Groups Committee Nomination Form

<b>Name</b>	
<b>APA Membership ID*</b>	
<b>Contact Number</b>	

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

Acupuncture & Dry Needling	<input type="checkbox"/>
Animal	<input type="checkbox"/>
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	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>
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 WA 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: Karen Guy**

**Email: [karen.guy@physiotherapy.asn.au](mailto:karen.guy@physiotherapy.asn.au) (preferred)**

**Fax: 08 9389 9221**

**Nominations Close: 12 October 2016**