

2018 APA ACT 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 ACT 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"/>
Disability	<input type="checkbox"/>
Educators	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>
Gerontology	<input type="checkbox"/>
Mental Health	<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"/>
Women's Men's & Pelvic Health	<input type="checkbox"/>

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 ACT 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.

Return to:

Returning Officer: Jenny Robertson **Email:** jenny.robertson@physiotherapy.asn.au (preferred)

Fax: 02 9647 2244

Nominations Close: 8 November 2017

Signature: Date:

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