

Nomination Form for the AHPA Board of Directors 2024 - 2025

Nominations close 9am WST, Thursday 6th June 2024

All parts must be completed for a nomination to be accepted. Please print clearly.

Part A - To be completed by Nominator:

I nominate (please print) _____ to become a Director of the **Australian Health Promotion Association Ltd.**

Signature _____ Membership ID _____ Date __ / __ / __

Name of Nominator (printed) _____

Address _____

Postcode _____ E-mail _____

Part B – Nomination seconded by:

Print Name _____

Signature _____ Membership ID _____ Date __ / __ / __

Address _____

Postcode _____ E-mail _____

Part C – Table to be complete by Nominee:

Length of time as an AHPA member	
Why you want to be on the committee (100 words max)	

Key skills you can bring to the committee (50 words max)	
Please attach:	2 page summarised CV High quality head shot photo

Part D – Declaration by Nominee:

I have read the ‘Responsibilities as a member of the AHPA Board of Directors’ and accept the nomination. If elected I agree to participate actively in the business of the Association as per the Constitution and requirements of the Corporations Act 2001.

I have contacted the President via national@healthpromotion.org.au to discuss my nomination to the Board.

Signed _____ Membership ID _____

Print Name _____

Address _____

Postcode ___ E-mail: _____

Completed nomination forms to be emailed to:

The Secretariat of the Australian Health Promotion Association Ltd

E: members@healthpromotion.org.au

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