2023 APA SA National Groups Committee Nomination Form



Name:		
APA Membership ID*:	Phone:	
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 nomina • submit a brief supporting statement.	ing	
I WISH TO NOMINATE FOR THE FOLLOWING APA SA National Group Committee: (please tick the group yo		
Acupuncture & Dry Needling		
Advanced Practice (including Emergency Department)		
Animal		
Aquatic		
Business		
Cancer Palliative Care & Lymphoedema		
Cardiorespiratory		
Disability		
Educators		
Gerontology		
Mental Health		
Musculoskeletal		
Neurology		
Occupational Health		
Orthopaedic		
Paediatric		
Pain		
Physiotherapy Leadership & Management		
Snorts & Exercise	No vacancies	

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Women's Men's & Pelvic Health



PLEASE NOTE ELECTRONIC SIGNATURES WILL BE ACCEPTED FROM THE PROPOSER **AND SECONDER**

Proposer:	
Signature:	Date:
APA Member Number:	
Seconder:	
Signature:	Date:
APA Member Number:	
*Note: the member must be proposed and seconded by a curren	t financial member of the APA.
NOMINEE	
I accept nomination for a position on the SA Chapter Committee of	of the
(National Group) and submit a brief statement to support my non of the APA and have good fame and character and am a fit and p	
Signature:	Date:

RETURN TO:
Returning Officer: Casey Garnett
Email: <u>Casey.Garnett@australian.physio</u> (preferred)

Nominations Close: 21 October 2022

