

# 2027 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 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"/> |
| Advanced Practice                    | <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"/> |
| Gerontology                          | <input type="checkbox"/> |
| Leadership & Management              | <input type="checkbox"/> |
| Mental Health                        | <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"/> |
| Sports & Exercise                    | <input type="checkbox"/> |
| Women's Men's & Pelvic Health        | <input type="checkbox"/> |

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

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Proposer\*:

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Signature:

Date:

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APA Member Number:

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Secunder\*:

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Signature:

Date:

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APA Member Number:

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\*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:

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## RETURN TO

Returning Officer: Casey Garnett

Email: [Casey.Garnett@australian.physio](mailto:Casey.Garnett@australian.physio) (preferred)

Nominations Close: 12 October 2026