## 2021 APA ACT 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 ACT National Group Committee: (please tick the group you wish to nominate for)

Acupuncture & Dry Needling	
Animal	
Aquatic	
Business	
Cancer Palliative Care & Lymphoedema	
Cardiorespiratory	
Disability	
Educators	
Emergency Department	
Gerontology	
Mental Health	
Musculoskeletal	
Neurology	
Occupational Health	
Orthopaedic	
Paediatric	
Pain	
Physiotherapy Leadership & Management	
Sports & Exercise	
Women's Men's & Pelvic Health	

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# PLEASE NOTE DUE TO COVID19 RESTRICTIONS IN 2020, 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 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.

#### Signature:

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

Nominations Close: 21 October 2020 Fax: 02 87481505

Date:

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