

2020 APA WA 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 WA 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 & Exercise | <input type="checkbox"/> |
| Women's Men's & Pelvic Health | <input type="checkbox"/> |

NOMINEE

I accept nomination for a position on the WA 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:

RETURN TO:

Returning Officer: Karen Guy
Email: Karen.Guy@australian.physio (preferred)

Nominations Close: 11th November 2019
Fax: 08 9389 9211

australian.physio