



NOMINATION FORM - Nominations of Candidates for election of Director  
ANNUAL GENERAL MEETING 7<sup>th</sup> October 2019

Name of Nominee:

Name of Nominator:

*The Nominator must be a current member of MA*

Signature of Nominator:

Name of Seconder:

*The Seconder must be a current member of MA*

Signature of Seconder:

Declaration of Nominee:

As a nominee for election to the Board of Myotherapy Association Australia, I declare that I am willing to accept and comply with the requirements of the position of Director if elected.

Signature of Nominee:

Date Signed:

Contact details:

**Address:**

**Phone:**

**E-mail:**

All nominations must be in writing, completed in full and lodged in person, emailed, or mailed to the Chief Executive Officer, MA, prior to 5pm on **September 27, 2019**.

Nominations or requests for information can be lodged in person, mailed to the Chief Executive Officer MA, 200 Alexandra Parade, Fitzroy, VIC 3065, or email [ceo@myotherapy.org.au](mailto:ceo@myotherapy.org.au).

All nominations must also be accompanied by the Nominees curriculum vitae for inclusion in the agenda of the Annual General Meeting.