Northern Territory Branch Nomination Form

I, (full name of member) ____________________________________________

Of (address) _______________________________________________________

ACMHN Membership number _____________

Hereby nominate (full name of nominee) __________________________________

To serve as (please circle)
Chairperson  Secretary  Events Coordinator  Education Coordinator
Committee Member

Signed: ________________________________  Date: ________________

I, (full name of member) ____________________________________________

ACMHN Membership number _____________

Hereby second the above mentioned nomination

Signed: ________________________________  Date: ________________

Nominations to be sent to events@acmhn.org or faxed to (02) 6285 2166
Nominations must be received prior to the closing date advised
I, (full name of member) __________________________________________

ACMHN membership number __________________

**Hereby accept** the above nomination

Signed: ________________________________    Date: ________________