



NOMINATION FORM 2008

For Election of Officers for the Victorian Branch of Public Health Association of Australia Inc

I nominate _____ for the position of

- President
- Treasurer
- Secretary

Signed _____ Date _____

Print Name _____

Address _____

_____ Postcode _____

Seconded by _____ Date _____

Print Name _____

Address _____

_____ Postcode _____

I accept nomination for the above position

Signed _____ Date _____

Print Name _____

Address _____

_____ Postcode _____

This Nomination Form with signatures to be posted or faxed to Mr Michael Moore, PHAA CEO by Wednesday 1 October 2008.

The successful candidate will be announced at the Victorian Branch Annual General Meeting on Wednesday 29 October 2008.

Fax: 02 6282 5438

Mail: PHAA, PO Box 319, Curtin ACT 2605