

ELECTION NOTICE 2022-2024

The Returning Officer invites nominations and will hold an election for the positions of:

President-Elect
Secretary
Treasurer
Five (5) ordinary members

of the Board of the Australian Medical Association (ACT) Limited.

Board Members are elected for a period of approximately two years; therefore, candidates elected at this election will hold office from the conclusion of the **Annual General Meeting** (Wednesday 18 May 2022) until the date fixed for the 2024 Annual General Meeting.

- The nominee must be a financial member of the AMA (ACT) Limited;
- The nomination must include the name of the nominee, the signed consent of the nominee for nomination and the position for which the nomination is made; and
- The nominee must be nominated by two, financial members of AMA (ACT) Limited.

A nomination form is attached to this election notice.

Completed nomination forms must be returned to:

The Returning Officer, AMA (ACT) Limited PO Box 560 Curtin ACT 2605 or by fax to 02 6273 0455 or by emailing a scanned copy to execofficer@ama-act.com.au by 5.00 pm on Thursday 12 April 2022.

Further information for potential nominees is available by contacting the AMA (ACT) office on 02 6270 5410 or email at reception@ama-act.com.au

Nominees may submit an information statement of approximately 200 words which will be circulated to members with ballot papers if a ballot is required, and if approved by the Board.

Declaration of the elections will be made at the Annual General Meeting to be held on Wednesday 18 May 2022.

Peter Somerville Company Secretary AMA (ACT) Ltd 28 March 2022



NOMINATION FORM

| candidate for the position of: | (name) as a |
|--|--|
| [] PRESIDENT-ELECT | [] SECRETARY |
| [] TREASURER | [] ORDINARY BOARD MEMBER |
| (Please place a cross in the box next to app | ropriate position or positions.) |
| Nominee's Details | |
| I hereby consent to this nomination or nom | ninations. |
| Full name: | Phone Number: |
| Primary Practice Address: | |
| Residential Address: | |
| Signature: | |
| Nominator's Details x 2 | |
| Name 1: | Name 2: |
| Phone Number: | Phone Number: |
| Residential Address: | Residential Address: |
| Signature: | Signature: |
| PLEASE NOTE: Nomination forms are to be ret | urned to the Returning Officer at $\Delta M\Delta$ (ΔCT) Itd by no |

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