



## **ELECTION NOTICE 2023-2024**

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

**Secretary**  
**Three (3) ordinary members**

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

This election follows the creation of new Board positions at the 2022 Annual General Meeting and a resignation from the Board. Candidates elected at this election will hold office from the conclusion of the **Annual General Meeting (Wednesday 17 May 2023)** 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](mailto:execofficer@ama-act.com.au) by 5.00 pm on Thursday **13 April 2023**.

Further information for potential nominees is available by contacting the AMA (ACT) office on 02 6270 5410 or email: [reception@ama-act.com.au](mailto: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 17 May 2023.

**Peter Somerville**  
**Company Secretary**  
**AMA (ACT) Ltd**  
**30 March 2023**



## **NOMINATION FORM**

We hereby nominate \_\_\_\_\_ (name) as a candidate for the position of:

**SECRETARY**

**ORDINARY BOARD MEMBER**

(Please place a cross in the box next to appropriate position or positions.)

### Nominee's Details

I hereby consent to this nomination or nominations.

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 returned to the Returning Officer at AMA (ACT) Ltd by post at PO Box 560 Curtin ACT 2605 or fax to 02 6273 0455 or by emailing to [execofficer@ama-act.com.au](mailto:execofficer@ama-act.com.au) NO LATER THAN 5.00 PM ON THURSDAY 13 APRIL 2023.**