



**NOMINATION FOR ELECTION TO THE COUNCIL
OF THE AUSTRALIAN MEDICAL ASSOCIATION NT INCOPRORATED**

I / We nominate _____

for the position of (strike out whichever does not apply):

- **President**
- **Vice-Presidents (two positions 1 x Top End & 1 x Central Australia),**
- **Secretary / Public Officer,**
- **Treasurer,**
- **Members of the Council, including two Doctors-in-Training (1 x Top End & 1 x Central Australia)**

Proposed by _____

Seconded by _____

Signed acceptance of nomination by nominee _____

Dated _____

- ☐ The nomination must be signed by -
 - ☐ The nominator and a seconder; and
 - ☐ The nominee to signify his or her willingness to stand for election.
- ☐ A person who is eligible for election or re-election may -
 - ☐ Propose or second himself or herself for election or re-election; and
 - ☐ Vote for himself or herself.

THE COMPLETED NOMINATION FORM MUST BE RETURNED TO:
THE CHIEF EXECUTIVE OFFICER, AMA NT Inc., PO BOX 2299, PARAP, NT 0804 or
BY FAX TO 08 8941 0937 or
EMAIL A SCANNED COPY TO fcrombie@amant.com.au
BY 5.00 PM ON 19th April 2023