**Nomination form - ASHM Board of Directors**

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| I | | being a financial voting member of the Australasian Society for | |
| HIV, Viral Hepatitis and Sexual Health Medicine, accept nomination for the ASHM Board of  Directors as:  *(Please select one)* | | | |
|  | | | |
| ☐ Vice President ☐ Ordinary Director | |  | |

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| **Signature of nominee:** |  |
| In the text box below, please write a summary statement in support of your nomination, including a brief bio and the relevant qualifications and experience you would bring to the role (200 words maximum): | |
|  | |

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| --- | --- | --- | --- |
| **Nominated by:** |  | | |
| Signature: |  | Date: | Click or tap to enter a date. |
| Nominator must be a financial Ordinary (voting) Member of ASHM. | | | |

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| **Seconded by:** |  | | |
| Signature: |  | Date: | Click or tap to enter a date. |
| Nominator must be a financial Ordinary (voting) Member of ASHM. | | | |

|  |  |  |
| --- | --- | --- |
|  | Please return to ASHM:  Email: [board@ashm.org.au](mailto:board@ashm.org.au)  Fax: +61 (02) 8204 0782  Post: L3, 160 Clarence Street, Sydney NSW 2000 |  |
|  | **NOMINATIONS MUST REACH THE OFFICE BY**  **COB FRIDAY 4TH SEPTEMBER 2020** |  |