**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. |

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