

Nomination for Director 2020

Members must apply in accordance with the College Constitution.

I, _____ being a financial, Voting member of
the Australasian College of Paramedicine Ltd,

Nominate _____ for the position of Director.

Signed by Proposer _____ Date _____

I, _____ being a financial, Voting member of
the Australasian College of Paramedicine Ltd second the nomination.

Signed by Seconder _____ Date _____

I, _____
being a financial, Voting member of the Australasian College of Paramedicine Ltd accept
this nomination. I declare that I am a fit and proper person to serve as a Director and I
have not been disqualified from serving as a Director. I also understand that if elected
as a Director I must diligently exercise the powers and discharge the duties required of
me as a Director under the Corporations Act 2001 (Cth).

Signed by Nominee _____ Date _____

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***Please return all nomination /application forms by close of business 20th
August 2020 to:***

Post: ACP
PO Box 3229
Umina Beach NSW 2257

Email: ceo@paramedics.org