

## Nomination for Director 2021

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 19<sup>th</sup>  
August 2021 to:***

Post: ACP  
PO Box 3229  
Umina Beach NSW 2257

Email: [ceo@paramedics.org](mailto:ceo@paramedics.org)