



Victorian Association of
Maternal & Child Health Nurses
ANMF (Vic Branch)

**Nomination Form
Executive Committee
Victorian Association of Maternal & Child Health Nurses
ANMF (Vic Branch)**

Nominations close at the commencement of voting at the VAMCHN Annual General Meeting to be held on Thursday 21 June 2018.

In accordance with the Rules of the Association, I nominate:

NAME: _____

For the position of:

- | | |
|---|--|
| <input type="checkbox"/> Chair | <input type="checkbox"/> Vice Chair |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Authorised nominated representative of VAMCHN (to represent VAMCHN at the Maternal, Child and Family Health Nurses Association [MCAFHNA]) | |
| <input type="checkbox"/> Website Administrator | <input type="checkbox"/> Regional /Rural representation |

Name of Proposer

Signature of Proposer

Date: _____

I hereby accept nomination for the position of office indicated above:

Name: _____

Signed: _____

Date: _____

ANMF Membership Number: _____

Address: _____

Telephone: _____ Mobile: _____

E-mail: _____

**Please forward your completed nomination form to
VAMCHN@anmfvic.asn.au or via fax to 03 9275 9344**