



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

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](mailto:VAMCHN@anmfvic.asn.au) or via fax to 03 9275 9344**