



**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 at 6.00 PM Tuesday 3 September 2019

In accordance with Rules of the Group, I nominate:

NAME: _____

For the position of:

- Website Administrator** **Membership Secretary**
 General Committee (x2) **Editor**
 One Authorised nominated representative of VAMCHN (to represent VAMCHN at the Maternal, Child and Family Health Nurses Association [MCaFHNA])

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**