

NOMINATION AND RESIGNATION FORM

- **OFFICE BEARERS:** President, Vice President, Honorary Secretary, Honorary Treasurer (NOTE: office bearers are elected for a term of three years, President, Vice President)
- **COUNCIL:** Council shall consist of two members from each member association, appointed to the council by their member association, a rural councillor, individual member representative, a recent graduate councillor, who should be no more than 7 years from graduation and the immediate past president and National Co-ordinator MWIA.

NOMINATION FORM

Your Name: Dr.....

Nominee: Dr

For the position of:.....

Your Signature:.....

I have forwarded my CV and my Platform for the position to the Honorary Secretary

on(Date)

Nominee's Signature:.....

Dated: Day.....Month.....Year 2020

RESIGNATION FORM

I, Dr.....

hereby tender my resignation for the role of :.....

Dated:



Signature:

AFMW REPS & OTHER REPRESENTATION

- The Federation may elect a member (not necessarily a Councillor) to represent it to other organisations.

AFMW Representative for _____ organisation:

(ie AMA, Australian Women's Coalition, Women's Advisory Network, Other etc)

Nominees Name: Dr.....

For the position of:.....

Representing the Medical Women's Society of :.....

Signed by the MWS President :.....

Please return the signed and completed form to the AFMW Secretariat by
post to C/- PO Box 252, EAST MELBOURNE VIC 8002

Please email a scanned and signed copy to afmw@afmw.org.au

AFMW@AFMW.ORG.AU WWW.AFMW.ORG.AU

C/PO Box 252, EAST MELBOURNE VIC 3002