

## NOMINATION AND RESIGNATION FORM

- **OFFICE BEARERS:** President, Vice President, Honorary Secretary, Honorary Treasurer (NOTE: office bearers are elected for a term of three years, and are eligible for re-election once)
- **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, the immediate past president and National Co-ordinator MWIA.

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### NOMINATION FORM

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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

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### RESIGNATION FORM

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I, Dr.....

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

Dated: .....

Signature: .....

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### AFMW REPS & OTHER REPRESENTATION

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- 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](mailto:afmw@afmw.org.au)

[AFMW@AFMW.ORG.AU](mailto:AFMW@AFMW.ORG.AU) [WWW.AFMW.ORG.AU](http://WWW.AFMW.ORG.AU)

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