

Nomination Form for NSW OTA Inc Executive Committee Member



The nominee listed below has indicated their willingness to serve a Term of Office on the NSW OTA Executive Committee, for the ensuing 2 years and is a current Full member, or life member who is not retired from Perioperative nursing, of the NSW OTA Association Inc.

I, the undersigned, submit the following nomination for election to the NSW OTA Inc Executive Committee for the year

Nominated by: (please print) _____
(must be a Full Member of the NSW OTA Inc)

Nominated by: (signature) _____ Date: ____/____/____

Seconded by: (please print) _____
(must be a Full Member of the NSW OTA Inc)

Seconded by: (signature) _____ Date: ____/____/____

Full Name of nominee: (please print) _____

Signature of nominee: _____
(or date of verbal agreement)

Please forward your written nomination to:

NSW OTA Inc
c/- The Honorary Secretary
PO Box 212,
Croydon NSW 2132

No later than seven (7) days prior to the date of the Annual General Meeting.

NOTE:

A profile of the nominee shall accompany the return of this form which should include a statement of the attributes the nominee will bring to the role and indicates their acknowledgment of the commitment involved.