

Queensland Ambulance Legacy Scheme Incorporated

BOARD MEMBER NOMINATION FORM

To nominate for a position on the Board, you must reply to the Association.

I wish to nominate for the position of:

President Vice President Treasurer Secretary Board Member (5 positions)

In nominating, I agree to abide by the policies, codes of conduct and other behavioural guides of the association for board members and I agree that should the majority of my fellow board members feel that I have breached the codes that my term of office can be immediately terminated.

My Details Are:

Name:

Date:

Profession:

DOB:

Name Nominated by:

Signature Nominated by:

Name Seconded by:

Signature Seconded by:

Additional Comments:

1. Save Form 2. Email to info@qaslegacy.org.au

For additional information visit our website qaslegacy.org.au