

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:

Submit Form

For additional information visit our website qaslegacy.org.au