

## 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:	

Email Saved & Completed Form to [info@qaslegacy.org.au](mailto:info@qaslegacy.org.au)

For additional information visit our website [qaslegacy.org.au](http://qaslegacy.org.au)