**AIPN EXECUTIVE COMMITTEE NOMINATION FORM - 2020**

*To be completed by the Nominator and Seconder*

|  |
| --- |
| I, |

*(Name of Nominee)*

Being a current financial member of the Australasian Injury Prevention network (AIPN) hereby nominate for the position of: (Please tick [a] the appropriate box[es] below).

For the position of: (*Please tick [✓] the appropriate box[es] below*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | President |  |  | General Member |
|  |  |  |  |  |  |
|  |  | NZ Representative |  |  | NZ Indigenous Representative |
|  | |  | | |  |
|  |  | AUS Indigenous Representative | | | |

**NOTES:**

1. A person may be nominated for more than one position but can only be elected to one position.
2. Only current financial members may nominate a candidate or be nominated for the Executive Committee or Office Bearing position
3. Members who have not renewed their membership by the end of September will be removed from the membership register, in line with the Clause 5.3 of the AIPN Constitution.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Nominee |  | Date: |  |

**TO BE COMPLETE BY SECONDER**

I, being a current financial member of the Australasian Injury Prevention Network (AIPN), hereby second the nomination.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Date: |  |
|  | *(Name of Seconder)* | |  |  |
| Signature of Seconder: | |  | | |

Please return completed forms to the AIPN Secretariat: [secretariat@aipn.com.au](mailto:secretariat@aipn.com.au) or Secretary: [rmeade@injurymatters.org.au](mailto:rmeade@injurymatters.org.au) by **Friday 6th November.**