



Australian Ophthalmic Nurses Association Inc.

Nomination form for Election of Office Bearers at the Annual General Meeting

Membership	Nominee	Signature of nominee or date of verbal agreement	Nominated by	Signature	Seconded by	Signature
President						
President elect						
Secretary						
Treasurer						
Membership Secretary						
Committee Member						
Committee Member						
Committee Member						
Committee Member						

A profile of the nominee must accompany the form

All nominees must be current financial members of the Association, and be willing to serve a term on the executive committee.

Committee Member Signature: _____ Date: _____

This nomination form is to be returned to:

THE SECRETARY
 AUSTRALIAN OPHTHALMIC NURSES ASSOCIATION INC.
 G.P.O. BOX 3292
 SYDNEY NSW 2001

No later than one (1) week prior to the Annual General Meeting in June.