

PRACTICE GROUP NOMINATION FORM



To be returned to: **Returning Officer, AMA (WA) by post, or email mail@amawa.com.au**
To reach the Returning Officer no later than **5pm on Friday, 22 November 2024.**

The undersigned financial members of the Australian Medical Association (WA) Inc. hereby nominate:

Dr _____ to be a member

(Full Name - Block Letters)

of _____

(New form to be completed for each position)

NOMINATORS

Proposer: _____

(Full Name - Block Letters)

Signature: _____

NOMINEE'S DECLARATION OF THE NOMINATION

I _____ as financial member of AMA (WA), hereby accept the above nomination.

(Full Name - Block Letters)

Signature: _____

Date: _____

Postal Address: _____

Mobile: _____ Tel Work: _____

TERM, ROLES, DUTIES, AND EXPECTATIONS

- Two-year terms from January 2025
- Access the [Terms of Reference](#)
- Members are expected to align with AMA (WA) vision, mission and values
- Members are required to abide by the AMA (WA) Constitution, and Terms of References of respective Practice Groups
- Members are expected to attend the majority of the meetings every year