**Australian Ophthalmic Nurses Association Inc**



**NOMINATION FORM FOR THE ELECTION OF OFFICE BEARERS ANNUAL GENERAL MEETING**

All nominees must be current financial members

Nomination positions shall be for the period

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Nominee | Nominated by | Seconded by | Signature of Nominee |
| President |  |  |  |  |
| Vice President |  |  |  |  |
| Secretary/Media Manager |  |  |  |  |
| Membership secretary |  |  |  |  |
| Treasurer |  |  |  |  |
| South Australian Rep |  |  |  |  |
| Tasmania Rep |  |  |  |  |
| Education sub committee |  |  |  |  |
| Education sub committee |  |  |  |  |
| General |  |  |  |  |
| General |  |  |  |  |
| General |  |  |  |  |
| General |  |  |  |  |
| General |  |  |  |  |
| General |  |  |  |  |
| General |  |  |  |  |

For further information or to submit prior to the AGM please contact AONA Inc via: info@aonansw.org.au