



**AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA Inc.**  
**The professional organisation for Audiometry Nurses**

**NOMINATION FORM – EXECUTIVE COMMITTEE**  
**ANAA Inc.**

**PROPOSER:**

I (print name) \_\_\_\_\_ being a current financial member of the  
ANAA Inc.

Do **nominate** (Print name) \_\_\_\_\_

For the position of \_\_\_\_\_

Signature of proposer: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECONDER:**

I (print name) \_\_\_\_\_ being a current financial member of the  
ANAA Inc,

Do **second the nomination** of (Print name) \_\_\_\_\_

For the position of \_\_\_\_\_

Signature of seconder: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOMINEE:**

I (print name) \_\_\_\_\_ being a current financial member of the  
ANAA Inc,

Do **accept nomination** for the position of \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

***Nominee, proposer and seconder must be financial members of the ANAA Inc on 30<sup>th</sup> September of each financial year, otherwise the nomination will be deemed invalid***