

NOMINATION FORM FOR MEMBERSHIP OF THE BOARD OF THE AUSTRALIAN ANTHROPOSOPHIC MEDICINE ASSOCIATION INC

The AAMA AGM will be held on Sunday, 30th October 2016 at 9.30am at Sophia Mundi School, Melbourne.

I, (name)……………………………………………………………………………………… , current AAMA member

(qualifications)…………..……………………

of (address) ……..……………………………………………….…….

desire to become a member of the Board of AUSTRALIAN ANTHROPOSOPHIC MEDICINE ASSOCIATION :

If you are a new nominee for a Board position, please tell us a bit about yourself :

In the event of my admission as a member, I agree to be bound by the rules of the Association for

the time being in force. (a copy of the AAMA Constitution is available on request from the AAMA Office).

Signature of Proposer (The Nominee, being a current member of the AAMA)

(Nominee)…………………………………………………………. Date …………………………..

Signature of Seconder (Current AAMA Board , being a current member of the AAMA)

……………………………………………………………… Date ……………………………………..

second the Proposer, who is personally known to me, for membership of the AAMA-board

Please return this form / a scan of this form by the 27th of October 2016.

Please email to: cristina.rubsamen@gmail.com