



PHARMACEUTICAL
SOCIETY OF
WESTERN
AUSTRALIA

NOMINATION FORM

We, the undersigned members of the Pharmaceutical Society of Western Australia Inc. (PSWA) hereby nominate:

.....
Full name of nominee

of:.....
Address of nominee

Phone:..... Email:.....

for election to the PSWA's board of management (Board).

.....
Signature of nominator 1

.....
Signature of nominator 2

.....
Name of nominator 1

.....
Name of nominator 2

.....
PSWA member no. (if known)

.....
PSWA member no. (if known)

I, the above-named.....(nominee) consent to this nomination and agree that if elected to the PSWA's Board I will comply with the requirements of the *Associations Incorporation Act 2015* and the PSWA's policies and guidelines as outlined in the Call for Nominations Information Sheet dated 1 July 2023.

.....
Signature of nominee

.....
PSWA member no. (if known)

.....
Date

Note: All nominees and all persons nominating them must be current ordinary, life or honorary members or fellows of the PSWA as of 1 July 2023. All nomination and accompanying declaration forms must be received by the PSWA's Returning Officer by 5.00pm 5 September 2023. Late nominations will not be accepted.

For Office Use:

Membership confirmed