



**NOMINATION FORM
FOR MEMBERSHIP OF THE BOARD OF THE
AUSTRALASIAN INTEGRATIVE MEDICINE ASSOCIATION**

I, **(name)**.....,
(qualifications).....
of **(address)**

desire to become a member of the Board of the Australasian Integrative Medicine Association, and nominate for the position of:

<p>Doctor Board Member. <input type="checkbox"/></p> <p>Doctor in training Board Member <input type="checkbox"/></p> <p>Non-doctor Board member. <input type="checkbox"/></p> <p><i>(please tick the relevant position)</i></p>	<p>If you are a new nominee for a Board position, please tell us a bit about yourself, your reasons for nominating and what qualities you would like to bring to the Board (approximately 250 words):</p>
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In the event of my admission as a board member, I agree to be bound by the rules of the Association for the time being in force. *(a copy of the AIMA Constitution is available at www.aima.net.au/aima-constitution)*

Signature of Proposer (The Nominee)

..... *Date*

(being a Full member of AIMA for at least 1 year)

Signature of Seconder (being a Full member of AIMA)

..... *Date*

(being a Full member of the AIMA)

second the Proposer, who is personally known to me, for membership of the Board of the Association.

**Return this form to arrive at the AIMA Office
by 5pm Monday 20th November 2023
email to: admin@aima.net.au**