**The 60th Annual General Meeting of the**

**Singapore Physiotherapy Association**

# **Nomination Form**

Candidates to be nominated must be voting members of the Association.  Their membership must be valid **at least six months or more** to be eligible for nomination.

Voting members - are those with Life, Ordinary, Spouse, Post-graduate or New Graduate memberships with the Association.  Non-voting members - Associate and Student members are not allowed to vote and to be elected for Council.

Proposer and seconder must be a voting member of the Association. The names of the seconder and nominee(s) should be filled in clearly in the following format.

Please ensure only 1 name is proposed for each position. (Fill in the unshaded column)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SPA No: \_\_\_\_\_\_\_\_\_\_) proposed the following person for:

|  |  |
| --- | --- |
| **Position: President** |  |
| Nominee’s Full Name | Seconder’s Full Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Position: Vice-President** |  |
| Nominee’s Full Name | Seconder’s Full Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Position: Honorary Secretary** |
| Nominee’s Full Name | Seconder’s Full Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Position: Honorary Treasurer** |
| Nominee’s Signature | Proposer’s Signature |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |

|  |
| --- |
| **Position: Council Members (8 positions)** |
| **Nominee 1 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 2 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 3 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 4 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 5 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 6 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 7 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |
| **Nominee 8 - Full Name** | Seconder’s Name |
|  |  |
| Nominee’s Consent Obtained | Seconder’s Consent Obtained |
| * Yes! Please tick.
 | * Yes! Please tick.
 |

Proposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature of proposer)

Nomination Form must be submitted by **8th May 2024 latest.** Please scan the completed form and email to [secretary@physiotherapy.org.sg](file:///D%3A%5CS%27pore%20Physio%20Asso%20%28backup29Oct21%29%5CSPA%5CSecretariat%5CAGM-EGM%5CAGM%202022%5CAGM%202020%5CAGM%202018%5Csecretary%40physiotherapy.org.sg).