



**Nomination Form for the 2018 - 2020 Board
of the
Health Informatics Society of Australia Ltd**

NOMINATOR:

I, of
Full name Address of nominator

being a financial voting member* of the Health Informatics Society of Australia Ltd. hereby nominate:

of
Full name Address of nominee

for the office of HISA Board Member / Director beginning at the HISA AGM to be held on Tuesday 31 July 2018.

**HISA Office may make contact with the nominator to confirm details upon receiving nomination form.*

NOMINEE:

I, _____ (*insert name*) accept the nomination and declare that:

- I am a financial voting member* of the Health Informatics Society of Australia;
- I hereby agree, if elected, to accept the position of Board member under the terms set out in the HISA Constitution;
- I am not ineligible to be a Company Director; and
- I am not bankrupt and have not made any arrangement or composition with creditors generally

Signed by Nominee _____ Date _____

This signed form must be received by the Returning Officer by **5.00pm AWST on Tuesday 12 June 2018.**

Please send nominations to: Honorary Returning Officer
Email: agm@hisa.org.au

** Note: A person who is eligible under the HISA Constitution to vote and hold office includes an ordinary member, an honorary life member, and a single nominee from an organisational member. It does not include other organisational members (affiliates), or individual members who are not ordinary members of HISA.*