

RCPA Faculties Nomination Form

I (name) _____

of (organisation) _____

nominate _____

for election as a member of _____

Date: _____

I (name) _____

of (organisation) _____

second the nomination of _____

for election as a member of _____

Date: _____

I (name) _____

of (organisation) _____

accept nomination as a member of the _____

Please note that to hold this role your membership fees and CPD must be up to date.

Signed: _____

Date: _____

When nominating (or renominating) please send this completed nomination form to rcpa@rcpa.edu.au. Digital signature is acceptable.