

## RCPA Advisory Committee 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](mailto:rcpa@rcpa.edu.au). A digital signature is acceptable.

**Advisory Committees:** Anatomical Chemical, Cytopathology, Forensic, General, Genetic, Haematology, Immunopathology, Microbiology, Paediatric and Trainee.