



## NOMINATION FORM FOR NATIONAL COUNCIL (DATE)

At the **AGM** of the Shiatsu Therapy Association of Australia on **[INSERT DATE]**, all current members of the National Council will step down from their positions, and the positions will be declared vacant.

Any member of STAA may nominate one or more members to the offices of the National Council.

Please return your nomination form to the STAA office by email to [enquiries@staa.org.au](mailto:enquiries@staa.org.au) via **[INSERT DATE]**

To be completed by the person NOMINATING the candidate	
I,	<i>[Name of nominator],</i>
being a member of the Association, hereby nominate,	<i>[Name of nominee]</i>
for the office of <i>(select one of the following):</i>	
<input type="checkbox"/> <b>President</b>	<input type="checkbox"/> <b>Vice President</b>
<input type="checkbox"/> <b>Treasurer</b>	<input type="checkbox"/> <b>Secretary</b>
<input type="checkbox"/> <b>Ordinary member</b> <i>(includes State or Student representative)</i>	
<input type="checkbox"/> <b>Membership Secretary</b>	

Signed and dated by me:

\_\_\_\_\_ *[Signature of nominator]* \_\_\_\_\_

\_\_\_\_\_ *(Date)*

**To be completed by the person SECONDING the nomination**

I, \_\_\_\_\_ *[Name of seconder]*,  
being a member of the Association, hereby second the above nomination.

Signed and dated by me:

\_\_\_\_\_ *[Signature of Seconder]*

\_\_\_\_\_ *(Date)*

**To be completed by the NOMINEE**

I,  
*[Name of nominee/candidate]*,  
being a member of the Association, hereby accept the above nomination

Signed and dated by me:

\_\_\_\_\_ *[Signature of Nominee]*

\_\_\_\_\_ *(Date)*