

**Appendix 3. [i]**



**Nomination Form:**

**Ordinary Member of NHMA Committee of Management Position**

*A person nominating for the committee of NHMA must be an insured member*

*(Note that a person may nominate themselves. If self-nominating, please leave this section blank)*

Name of Nominating Member Club:

.....

Club Position: .....

..... Signature: .....

*(Print Name)*

Position being nominated for: Ordinary Member of NHMA Committee of Management

Permanent Resident of (State): .....

*(A person may be only nominated to represent one state).*

Name of person being nominated: .....

NHMA Membership number: .....

Address: .....

.....

State: .....

Phone: .....

P/Code: .....

Email: .....

*I hereby accept the nomination for the position for which I have been nominated. If elected, I undertake to follow and promote the objectives, policies, and procedures of the Association in place at the time, and I will carry out the duties expected of me to the best of my ability:*

Signed [nominee]: .....

Date: .....

*Please return to NHMA Secretary at least 21 days prior to the AGM  
secretary.nhma@gmail.com*