

**Nomination Form for the 2015-2016 Tasmania State Branch
Committee
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 State Branch Committee Member for a 1 year period beginning at the HISA Tasmania State Branch Committee AGM to be held on **Wednesday 2 December 2015**.

Signature of nominator _____ Date _____

NOMINEE:

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

- I am a financial voting member* of the Health Informatics Society of Australia;
- Hereby agree, if elected, to accept the position of State Branch Committee member under the terms set out in the HISA Constitution;

Signed by Nominee _____ Date _____

This signed form must be received by the HISA National Office by **5.00pm (AEST) on Monday 30 November 2015**. Please include your candidate statement (150 words) and photo.

Please send nominations to: Vera Jovanovic
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.*