



AUSTRALIAN SOCIETY FOR THE STUDY OF BRAIN
IMPAIRMENT, INC.
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ABN 38 320 381 623

NOMINATION FORM

I _____

of _____

and

I _____

of _____

Would like to nominate _____

of _____

For the position of

Secretary/Treasurer/Committee person (please circle appropriate position)

at the Australian Society for the Study of Brain Impairment (ASSBI)

I _____

of _____

Agree to the nomination of Secretary/Treasurer/Committee person

Signature of Candidate

Signature of Proposer

Signature of Proposer

Dated this

day of

20

All nominations need to be signed by two financial members of ASSBI, endorsed by the candidate and delivered to the Executive Officer at the Society's address no later than 1st February 2010.