

AIDH Board nomination form 2021

Nominator:

I, of
Full name Address of nominator

being a financial voting member* of the Australasian Institute of Digital Health Ltd. hereby nominate:

of
Full name Address of nominee

for the office of AIDH Board Member / Director beginning at the AIDH AGM to be held on Thursday 2 September 2021.

**AIDH Office may make contact with the nominator to confirm details upon receiving nomination form.*

Nominee:

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

- I am a financial voting member* of the Australasian Institute of Digital Health;
- I hereby agree, if elected, to accept the position of Board member under the terms set out in the AIDH Constitution;
- I am not ineligible to be a Company Director; and
- I am not bankrupt and have not made any arrangement or composition with creditors generally

Signed by Nominee _____ Date _____

This signed form must be received by the Returning Officer by **5.00pm AEST on Thursday 22 July 2021.**

Please send nominations to: Returning Officer
Email: agm@digitalhealth.org.au

** Note: A person who is eligible under the AIDH Constitution to vote and hold office includes a Fellow, Associate Fellow, individual (A) member, and a single nominee from an organisational member. It does not include other organisational members (affiliates), or individual members who are individual (B) members (affiliates).*