**Committee Nomination Form 2019**

I, (Name)

hereby nominate myself for election to the

Committee of the Australian Health Design Council.

I believe that I am able to contribute to the furthering of the goals and objectives of the AHDC due to my experience and qualifications in the following areas related to health facility design:

I confirm that I am a financial member of the AHDC.

My application has been signed by 2 other members of the association. (Contact info@aushdc.org.au to assist with signing by other members)

*Signed (nominee)*

*Member #1 (name/signature)*

*Member #2 (name/signature)*

Date: / /

**Please forward the completed form to** **info@aushdc.org.au** **before COB on Thursday 19th September 2019**