



ACMA

Nomination Form

Auckland Chinese Medical Association Inc.
PO BOX 128012, Remuera, Auckland. N.Z.

Name of nominee: _____
Last name *First names*

For the position of: _____

Nominee Contact Details:

Email: _____

Phone: _____

Signature: _____ **Date:** _____

The above named member is nominated by:

1. Name of ACMA member:

Signature:

Date:

2. Name of ACMA member:

Signature:

Date:

Please fax this completed 2010/2011 ACMA Executive Committee nomination form to Dr Gee Hing Wong at 09-4783007 by 28 October 2010.