****

**ASI COUNCIL NOMINATION FORM**

**NOMINATION FORM** **FOR POSITIONS ON ASI COUNCIL**

**ASI Membership**

|  |  |  |
| --- | --- | --- |
| ASI Membership Type: |  | |
| Are you a full ASI member as of April 1st this year? | YES | NO |

|  |  |
| --- | --- |
| **Nominee:** |  |
|  |  |
| **Council Position:** |  |

Nominated by (current financial member of ASI):

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| E-mail: |  |

Seconded by: (current financial member of ASI)

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| E-mail: |  |

I, being a current financial member of ASI, consent to be nominated for the above position:

|  |  |
| --- | --- |
| Name: |  |
| Affiliation: |  |
| E-mail: |  |

Signatures are not required. Nominees and sponsors will be notified to confirm reception of this document.

**Please complete the form and send by email to the ASI Honorary Secretary at:**

**secretary@immunology.org.au**

Nominations must be **received** by COB of the closing date.

Nominees are asked to submit a brief description of their background (200 words max). If an election is required, this information will be distributed to the membership to aid their selection.

**Background**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominee:** |  | **Position** |  |