

NOMINATION FORM

1. Name of the post :

2. Name of the person nominated* :

3. Address :

Signature of Nominee

4. Proposed by (Name and Address)

Signature of proposer

5. Seconded by (Name and Address) :

Signature of seconder

*Please indicate your membership number

** You can send the scanned copy of your nomination to email aapmhe@gmail.com or by post to the society address.