

FIJI DENTAL ASSOCIATION

G.P.O. Box 14221, Suva, Fiji

NOMINATION FORM



Nomination for the post of: (Please tick the post being nominated for)	I, _____, being a Full Member of the Fiji Dental Association, nominate _____ (print name) to be elected for the post of (specify post) _____ at the forth coming Annual General Meeting of the Association. Sign Date
<input type="checkbox"/> President <input type="checkbox"/> Vice President – Cent East <input type="checkbox"/> Vice President – Western <input type="checkbox"/> Hon. Secretary <input type="checkbox"/> Hon. Treasurer <input type="checkbox"/> Hon. Assistant Secretary <input type="checkbox"/> Member	

I, _____ (print full name), being a Full Member of the Fiji Dental Association, second the above nomination.
Sign Date.....

<i>Appointee's Consent</i>
I, _____, being a Full Member of the Association for the past two consecutive years, give consent to the above Nomination and, if elected, agree without any reservation to serve the Association diligently, faithfully and abide by the Rules, By-Laws and the Code of Conduct of the Association.
Signature:
Date :

FOR OFFICIAL USE ONLY	
Signature:	Date: