



PO Box 576, Crows Nest NSW 1585 • Tel: (+61 2) 9431 8670 • Fax: (+61 2) 9431 8677 • Email: info@anzhncs.org • Internet: www.anzhncs.org ABN: 51 056 424 184

Executive Committee	ANZHNCS NOWINATIO	ON FOR MEMBERSHIP OF EXECUTIVE COMMINITIES	
President Eng H. Ooi MBBS, PhD, FRACS	l,(Insert name)	, would like to nominate for	
Vice President Julia Crawford BSc(Med),	·	NCS Executive Committee. I understand that if successful,	
MBBS(Hons), FRACS	my term of appointment on the Executive Committee will commence immediately		
Treasurer Camile Farah FRACDS(OralMed),	after the next Annual Gen	eral Meeting.	
PhD, MBA, MAICD, FAIM	Name:		
Secretary Aoife McGarvey	Address:		
PhD (Physiotherapy), BAppSc (Physiotherapy)	Phone: ()	Email:	
Immediate Past President	Institution:		
Tsien Fua MBBS, FRANZCR	Specialty:		
Robert Coren BDSc, FFDRCS, MBBS, FRACS	Professional Qualifications:		
Eric Khoo	Statement of Interest: I wish to apply for a position on the Executive Committee of		
Glen Ramos	the ANZHNCS		
Felix Sim BDS, MBBS, MFDS(Eng), FRACDS(OMS)			
Chairperson of Australian Research Foundation			
Kerwin Shannon MBBS, FRACS	☐ I am an Ordinary Member of the Society		
Chairperson of New Zealand Research Foundation Swee Tan	Signature:	Date:	
	Nominated by:	Signature	
	Seconded by:	Signature	
	Please forward to: ANZHNCS Secretariat Officer PO Box 576		
	Crows Nest NSW	1585	

Fax: (02) 9431 8677 / Email: info@anzhncs.org

CONSENT TO ACT

The Directors Australian and New Zealand Head & Neck Cancer Society Limited (ACN 617 606 587)

("The Company")

I, [DIRECTOR NAME], consent to act as a Director of Australian and New Zealand Head & Neck Cancer Society Limited (ACN 617 606 587) until my office as Director is determined by tender of my written resignation to the Company.			
My full particulars are:			
Salutation (Mr, Mrs, Ms, Dr etc): First Name: Middle Name: Last Name: Director Identification Number: Any Former Names: Full Residential Address (PO Box not accepted): Date of Birth: Place of Birth (city/state/country): Country of Residence: Country/ies of Citizenship: Occupation: Tax File Number: Phone Number: Email Address: Aboriginal or Torres Strait Island Descent: Language Spoken at Home:			
I request that my appointment as Director of the Company be confirmed, and appropriate notification given to the Australian Securities and Investment Commission/Relevant Regulatory Body.			
I acknowledge my responsibilities and duties as a director of Australian and New Zealand Head & Neck Cancer Society Limited.			
Dated:			
Signature:			

Cancer Society Limited.	au & Nec
Dated:	
Signature:	
Name:	