



PO Box 576, Crows Nest NSW 1585 • Tel: (+61 2) 9431 8670 • Email: info@anzhncs.org • Internet: www.anzhncs.org

ABN: 51 056 424 184

ANZHNCS NOMINATION FOR MEMBERSHIP OF EXECUTIVE COMMITTEE

l,(Insert na	, would like to nominate for a position on the ANZHNCS
•	I understand that if successful, my term of appointment on the Executive
Committee will comm	nce immediately after the next Annual General Meeting in 2025
Name:	
Address:	
Phone: ()	Email:
Institution:	
Specialty:	
Professional Qualificat	ons:
Statement of Interest:	wish to apply for a position on the Executive Committee of the ANZHNCS
□I am an Ordinary Me	mber of the Society
Signature:	Date:
Nominated by:	Signature
Seconded by:	Signature
	HNCS Secretariat Officer
	Box 576 ws Nest NSW 1585

CONSENT TO ACT

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

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:
Name: