



## Nomination Form

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I / WE:

\_\_\_\_\_ *Please Print Name*

AND:

\_\_\_\_\_ *Please Print Name*

being members of **Melbourne General Practice Network INC**

HEREBY NOMINATE:

for the position of **Director** of the Melbourne General Practice Network Inc.

*Nominations must be accompanied by a statement of up to 100 words setting out the qualifications, interests and corporate strengths of the candidate.*

SIGNED \_\_\_\_\_

*Proposer*

DATE / / 2008

SIGNED \_\_\_\_\_

*Seconder*

DATE / / 2008

I ACCEPT: \_\_\_\_\_

*Nominee*

DATE / / 2008

Please return the completed Nomination Form (with an accompanying statement) to reach the:

**Melbourne General Practice Network Inc**  
**Suite 9,233 Cardigan Street**  
**Carlton VIC 3053**  
**Fax: 9347 7433**

by 5.00pm on Wednesday 15<sup>th</sup> October 2008