



The Ambulance Service Welfare Fund Board meets bi-monthly to discuss all issues of the fund. Please do not hesitate to contact the office should you be considering nominating for a position and require further information.

To nominate please complete the form below witnessed by two ASWF members and return to PO Box 524, Hindmarsh 5007. Alternatively, applications can be returned via fax to 8340 1811 or email to info@aswf.net.au.

All applications are to be received at our office no later than 3pm on the date of closing advertised in the current call for nominations.

NOMINATION FORM

I OF
(Name) (Worksite)

**HEREBY NOMINATE FOR THE POSITION OF DIRECTOR WITH
THE AMBULANCE SERVICE WELFARE FUND INC.**

DATESIGNATURE.....

WITNESS 1WITNESS 2

OFFICEBEARING POSITIONS ARE ELECTED FROM WITHIN THE BOARD

*Witnesses must be current members of the fund.

**Must be received at the ASWF office no later than
3pm**

On the date advertised on the current call for nomination/newsletter.