



THE HONG KONG ASSOCIATION OF SPEECH THERAPISTS
香港言語治療師協會

GPO Box 372, Central, Hong Kong

E-mail : hkast@speechtherapy.org.hk <http://www.speechtherapy.org.hk>

TO: Election Officer, AGM 2015, HKAST

Please send this form to GPO Box 372, Central, Hong Kong before **11th September 2015**

2015-16 HKAST Board of Committee Election

NOMINATION FORM

NOTE:

The nomination period of 2015-16 board of committee is between 4 September 2015 and 11 September 2015. No nomination will be accepted after the nomination period. Only Full Members who have paid the 2015/16 subscription fee shall be entitled to nominate, or be nominated for the Board of Committee election. Incomplete forms will be void.

Part 1: Candidate Details

Candidate Name: Dr / Mr / Mrs / Miss / Ms* _____
Membership No.: _____
Job Title: _____
Institution/ Unit: _____
Qualifications: _____
Contact Address: _____
Tel: _____ Mobile: _____
Email: _____ Fax: _____

Part 2: Nomination Details

Proposer Name: _____ (Membership No.: _____)
Signature: _____
Seconder Name: _____ (Membership No.: _____)
Signature: _____

Part 3: Declaration

I declare that I shall be abided by the Constitution of The Hong Kong Association of Speech Therapists, and have paid the 2015/16 subscription fee. I would like to participate in the 2015-16 HKAST Board of Committee Election, which will be held on September 25, 2015.

Candidate Signature: _____

Date: _____

*Please delete as appropriate