

## **Nomination to Board of Directors North Perth Family Health Team**

We wish to nominate \_\_\_\_\_ to serve as Director on the North Perth Family Health Team Board.

**Please check one:**

- Nomination is for Hospital Alliance Board representative Director ( )  
Nomination is for Health/Social Service provider representative Director ( )  
Nomination is for Family Health Network representative Director ( )  
Nomination is for Director-at-Large representative ( )

Statement of Disclosure (current and two year prior business, charitable, community involvements).

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Nominated by: \_\_\_\_\_

Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Date: \_\_\_\_\_