

Urology Nurses Association of Hong Kong Annual General Meeting

You are invited to make **maximum 8 nominations** for election of council members on the form below and return it to the Secretary (addressed envelope attached) **on or before** _____
The term of office will be 2 years in accordance with the constitution of the Association . Please note nominee should be a UNAHK member and is willing to contribute for the Association .

To : Urology Nurses Association of Hong Kong

From : Member _____ **(Name)**

Date : _____

I hereby submit my nomination form for the election of council members in the Annual General Meeting on

<i>Name of nominee</i>	<i>Nominated by</i>	<i>Seconded by</i>
1	Signature _____ Block letters _____	Signature _____ Block letters _____
2	Signature _____ Block letters _____	Signature _____ Block letters _____
3	Signature _____ Block letters _____	Signature _____ Block letters _____
4	Signature _____ Block letters _____	Signature _____ Block letters _____
5	Signature _____ Block letters _____	Signature _____ Block letters _____
6	Signature _____ Block letters _____	Signature _____ Block letters _____
7	Signature _____ Block letters _____	Signature _____ Block letters _____
8	Signature _____ Block letters _____	Signature _____ Block letters _____