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## **Western NSW Health Research Network Incorporated Executive Nomination Form**

I,

wish to nominate for the officer bearer role of:

on the Western NSW Health Research Network Executive Committee Western NSW Health  
Research Network Incorporated

Nominee Signature

Date

Executive Member 1 Name

Executive Member 1 Position

Executive Member 1 Signature

Date

Executive Member 2 Name

Executive Member 2 Position

Executive Member 2 Signature

Date

Please return this nomination form to [admin@whrn.org.au](mailto:admin@whrn.org.au) to be tabled at the upcoming  
Executive meeting.