



Transplantation Society of Australia and New Zealand
Council Elections

This is to nominate

(Must be a current full financial member)

Name: _____

Work Address: _____

Nominating for

President-elect

Councillor

Tick only ONE box from Category A, Category B, Category C

Category 'A'

Immunobiology

Category 'B'

Clinical Renal Transplantation

Category 'C'

Transplant Surgery

Category 'D'

Special Clinical Interest: (please tick one)

Cardiac

Thoracic

Liver

Renal and/or Pancreas

Bone Marrow

Other Clinical

Region: (please tick one)

New Zealand

NSW

Queensland

South Australia

Victoria

Western Australia

ACT

Northern Territory

Tasmania

}

PROPOSER

(Must be a current full financial member)

Name: _____

Signed: _____

Date: _____

SECONDER

(Must be a current full financial member)

Name: _____

Signed: _____

Date: _____

I accept nomination for the above position

Signed: _____

Date: _____

Completed forms should be emailed by **5pm Friday December 18, 2020** to:

The Executive Officer
Transplantation Society of Australia and New Zealand (TSANZ)
145 Macquarie Street
Sydney NSW 2000 Australia
admin@tsanz.com.au