Consent to act as Committee Member

I, _____[**Name of Member**], hereby give my consent to act as Committee Member of the Australasian Society for Traumatic Stress Studies.

I give notice of the following personal details:

1. **Given name(s) and family name:**
2. **Former given name(s) and family name(s), if any:**
3. **Usual Residential Address:**
4. **E-mail:**
5. **Mobile no.:**
6. **Date of Birth:**
7. **Place of birth (town, State and, if outside Australia, country):**

□ I declare the above information to be correct.

□ I declare I am not/am (delete) or have not been/have been (delete) insolvent. (If at any time insolvent give details.)

□ I declare I am not/am (delete) or have not been/have been (delete) a director of an organisation placed in administration, receivership, liquidation or provisional liquidation. (If at any time in receivership, liquidation or provisional liquidation give details.)

□ I undertake to notify you of any change in the particulars listed above within 7 days of the change.

Signature _____ Date _____

Nomination to the position of: .....

Candidate Name: .....

Address: .....
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Nominated by: .....

Address: .....
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.....

Signature: Date:

Seconded by: .....

Address: .....
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.....

Signature: Date: