

Consent to act as Committee Member

| I, Memb | [Name of Member], hereby give my consent to act as Committee er 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. |

Date

Signature

| Nomination to the position of: | |
|--------------------------------|-------|
| Candidate Name: | |
| Address: | |
| | |
| Nominated by: | |
| Address: | |
| | |
| Signature: | Date: |
| Seconded by: | |
| Address: | |
| | |
| Signature: | Date: |