



**ANZCA**  
FPM

## NOMINATION FORM FOR 2026-2028 ANZCA REGIONAL COMMITTEE

**Please select the state you are applying for:**

We wish to nominate the following fellow of the Australian and New Zealand College of Anaesthetists as a candidate for election to the 2026-2028 ANZCA Regional Committee of the College.

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(Print name)

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(College ID Number)

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(Date)

**I consent to act, if elected:**

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(Signature)

### Nominators

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(Print name)

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(Signature)

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(College ID Number)

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(Print name)

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(Signature)

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(College ID Number)