# Trustee Nomination Form 2024: Healthcare Professionals

# Personal Details

Name: Title:

Address:

NASS Membership Number: I am over 18 (please tick)

I confirm that I’m a registered practising healthcare professional (please tick)

**I agree to being nominated as a trustee of the National Axial Spondyloarthritis Society and, if elected, agree to declare my acceptance and my willingness to act in the trusts of the Society.**

**Signed Date**

# Proposed by

Name:

 Address:

NASS Membership Number:

**Signed Date**

# Seconded by

Name:

Address:

NASS Membership Number:

**Signed Date**

**See next page.**

Please include a short biography of the skills and background that you would bring to being a trustee at NASS (maximum of 150 words).

This text will be included in the election papers that will go out to NASS members in August.

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**Please return this form by 5th August 2024 to:**

**Dr Dale Webb, Chief Executive, NASS**

**By post (address below) or by email to dalewebb@nass.co.uk**