



## Nomination Form for the Annual General Meeting of the Wound Healing Association of Southern Africa

### Nomination Form 2026

I, ..... (full names) confirm that I am a **WHASA MEMBER** of good standing, and as such entitled to vote at the AGM, with paid up due before March 2026.

I hereby nominate..... to serve as;  
(Encircle or tick one below)

**Secretary of WHASA**

for the prescribed term with effect from the date of this Annual General Meeting, should such individual be so appointed.

Signed this..... day of..... 2026

*Nominations must be sent to [whasaexco@gmail.com](mailto:whasaexco@gmail.com)*

*Additional information needed Delegate:  
Proof of membership for 2026.*

*Additional information needed Delegate:  
Ensure that the Nominee has proof of membership for 2026.*

*Contact details: Tel no:  
Email*

***Member accepting the nomination need to sign or submit written proof accepting with this nomination. Accept Yes/No***

*Signature:*

*Print:*