



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)

Treasurer 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

*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: