

## Psychological Society of South Africa

### NOMINATION FORM

Position for which nominated :.....  
 Nominee\* :.....  
 Address :.....  
 :.....

Signed :..... Date:.....

By my signature above, I confirm that I am a full member of PsySSA in good standing and hereby make myself available to serve in the position for which I have been nominated. I declare that I am committed to the PsySSA Constitution, and undertake, if elected, to serve PsySSA with loyalty and to the best of my abilities.

Place :..... Witness:.....

Witness Name\* :.....  
 Nominator\* # :.....  
 Address :.....  
 :.....

Signed :..... Date:.....  
 Place :..... Witness:.....

Witness Name\* :.....  
 Secunder\* # :.....  
 Address :.....  
 :.....

Signed :..... Date:.....  
 Place :..... Witness:.....

Witness Name\*

\* Last name followed by other names in full.

# The nominator and seconder of this nomination shall be PsySSA members in good standing.

### FOR OFFICE USE:

Received by :..... At:.....  
 Attached :.....  
 Nominations Committee :.....