

PNH Support Association of Australia Inc.
Incorporated Association No. A0053177B

NOMINATION FOR MANAGEMENT COMMITTEE

I, _____
(name of proposer)

a Member of the PNH Support Association of Australian Inc, nominate

(name of candidate)

as _____
(either President, Treasurer, Secretary, or an Ordinary Committee Member)

Signature of Proposer

Date: _____

I, _____
(name of seconder)

a Member of the PNH Support Association of Australian Inc, second the nomination.

Signature of Seconder

Date: _____

I, the abovenamed candidate, consent to and accept this nomination.

Signature of Candidate

Date: _____

Obligations and Duties of Committee Members

Outlined below is a summary of duties required of office bearers and members of the Management Committee of PNHSAA Inc, followed by some general requirements of the positions. This is not an exhaustive list and duties will depend upon particular needs of the Association from time to time.

Please ensure you are aware of and accept these obligations before nominating for a position. Further information can be found at the Consumer Affairs Victoria website (www.consumer.vic.gov.au) and Pilch Connect (www.pilch.org.au).

President

- ◆ Chair committee meetings
- ◆ Represent the Association publicly
- ◆ Pursue and foster relationships with other organisations

Treasurer

- ◆ Deal with financial affairs – bookkeeping, reporting, budgeting
- ◆ Issue membership subscription notices and reminders
- ◆ Gather and provide records to third parties
- ◆ Oversee fundraising activities and grant funding arrangements

Secretary

- ◆ Organise meetings (send notices of meetings, draft the agenda, write and distribute minutes)
- ◆ Prepare and distribute documents and correspondence
- ◆ Deal with membership applications and records
- ◆ Maintain records of the Association (keep copies of agreements, contracts etc)

Ordinary Committee Member

- ◆ Assist office bearers when required in completion of their duties
- ◆ Undertake agreed tasks, on a project or ongoing basis, having regard to members' particular skills and interests

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- ◆ Attend and participate in all committee and general meetings
- ◆ Contribute to strategic and operational planning of the Association's objectives and activities
- ◆ Use professional skills and personal expertise when undertaking tasks
- ◆ Represent the Association in a professional and appropriate manner at all times

Legal Responsibilities

The relevant legislation, which applies, is the *Associations Incorporation Act 1981* (Vic) and applicable common law (Court-made law). All members are also required to abide by the Association's Rules.

- ◆ a duty not to make improper use of your position as a committee member or any information gained in course of your role;
- ◆ a duty to disclose a financial interest in a contract with the organisation, and not to take part in any decision of the committee in regard to such a contract;
- ◆ a duty of good faith and loyalty to the organisation; and
- ◆ a duty to exercise reasonable care and skill in carrying out the role of committee member of the organisation.

Public Officer

The Public Officer is the Association's official contact person and is responsible for reporting about the Association to Consumer Affairs Victoria. They must be a resident of Victoria. This is not a position to which a member is elected, but usually a role taken on by a committee member or a person nominated by the committee.

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APPLICATION FOR MEMBERSHIP – PATIENT MEMBER

I, _____
(full name of applicant)

of _____
(must be residential address, not PO Box)

wish to become a Patient Member of the PNH Support Association of Australia Inc.

I agree to provide such documentation as the Committee may require in order to establish that I have been diagnosed with PNH.

In the event of my admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

Signed: _____

Date: _____

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APPLICATION FOR MEMBERSHIP – SUPPORT MEMBER

I, _____
(full name of applicant)

of _____
(must be residential address, not PO Box)

wish to become a Support Member of the PNH Support Association of Australia Inc.

I agree to provide such documentation as the Committee may require in order to establish that I have been diagnosed with PNH.

In the event of my admission as a Member, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant

Date: _____

I, _____
(name)

a Member, nominate the Applicant, who is personally known to me, for membership of the Association.

Signature of Proposer

Date: _____

I, _____
(name)

a Member, second the nomination of the Applicant, who is personally known to me, for membership of the Association.

Signature of Seconder

Date: _____

PNHSAA

Subscription Notice

2013/14

Name:

Residential Address:

Postal Address:

Email:

Telephone: Home.....Mobile.....

Membership Fees:	Joining (\$10.00 if applicable)	\$.....
	Annual Fee	\$ 10.00
	Donation (tax deductible)	\$.....
	Total	\$.....

Remittance via Bank Account:

Account Name: PNH Support Association of Australia Inc.

Bank Account: ANZ Bank

Branch No: 013-423

Account No: 2545-47305

Cheques payable to: PNH Support Association of Australia Inc.

PO Box 472,

South Yarra, VIC 3141