

Vacant Director Position Application Form

Name:	
Address:	
Mailing Address:	
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Mobile Number:	Email:
Wobile Number.	Etilali.
Membership Number:	How many years have you been a member?
	member:
Why do you want to become a director with ABHA?	
What skill sets could you bring to the board?	
Tell us a bit about yourself (hobbies, interests etc)	
Please send your application to: secretary@abha.com.au	