

Appendix 1

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* :.....
 Seconder* # :.....
 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 :.....