

## **Message from the Committee**

Please help us to make progress in 2021 and consider joining the Executive Committee of the LSGNSW.

**Full financial members of the LSGNSW can send in a committee nomination form, (please see attached for a form) or available to download via our website [www.lymphoedemasupport.com](http://www.lymphoedemasupport.com) or email us for a form [lymphformation@yahoo.com.au](mailto:lymphformation@yahoo.com.au)**

You may nominate yourself! Simply fill in your details as the proposer on the form.

Don't have a seconder? Don't let that stop you! Send your form in and we will second it on the day.

We really would be thankful for any input, help and participation from our members to continue our work.

People living with lymphoedema who have the time, dedication and commitment to be on the committee or help in some other capacity, such as on sub-committees are needed.

We are also looking for members who have skills in Social Media, Newsletter editing and sourcing material, Secretarial and Administrative experience, Finance/accounting, Advocacy to join the Committee.

What improvements in Lymphoedema services would YOU like to see? Join the Committee and have your say!

Meetings have been held via Zoom over the past year and are ~ every 2 to 3 months. Monthly when planning the "Information Day".

**All people affected by lymphoedema; we need you! Come to our AGM with your enthusiasm and ideas. Consider joining the Executive Committee.**

Please email your nomination form to [lymphformation@yahoo.com.au](mailto:lymphformation@yahoo.com.au) by 26<sup>th</sup> March 2021

*The Lymphoedema Support Group of NSW  
Annual General Meeting 7.00pm on 30<sup>th</sup> March 2021  
Online via Zoom*



ABN: 35 567 399 172

COMMITTEE MEMBERSHIP NOMINATION FORM

I, _____
Hereby consent to be nominated for committee membership of the Lymphoedema Support Group of NSW. (please print)
Full name: _____
Address: _____
Telephone Number _____
Email _____
Signature: _____
Date: _____

PROPOSED BY:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

SECONDED BY:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

Send in your Nomination Form by the 28<sup>th</sup> of March 2021 by email:  
[lymphformation@yahoo.com.au](mailto:lymphformation@yahoo.com.au)