



## Australasian Sonographers Association Limited Consent to Act as a Director

I, [Click here and enter your full name,](#)

of [Click here and enter your full residential address](#)

hereby consent to my appointment as a Director of Australasian Sonographers Association Limited  
(ACN 110 414 349)

and, in compliance with the requirements of the Corporations Act, provide the following information:

Former names (if any)      [Click here and enter any former names given to you or which you have used](#)

Date of birth                      [Click here and enter your date of birth](#)

Place of birth                      [Click here and enter the town/city, state and and country where you were born](#)  
City/State/Country)

Director ID Number              [Click here and enter your Director ID number](#)

Signed by

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(Usual signature)

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(Date)