



ABN 28000005890

## **ELECTION NOMINATION AND ACCEPTANCE FORM**

Note: THIS FORM MUST BE LODGED WITH THE SECRETARY NO LATER THAN 5PM on the 18<sup>th</sup> of OCTOBER AT 60-74 THE CRESCENT, CHELTENHAM

### **PROPOSER**

I, Name: \_\_\_\_\_

Of

Suburb: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Membership No: \_\_\_\_\_

HEREBY NOMINATE

Full Name: \_\_\_\_\_

Of:

Suburb: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Membership No: \_\_\_\_\_

FOR THE POSITION OF: \_\_\_\_\_

Signature of the Proposer: \_\_\_\_\_

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### **SECONDER**

I, Name: \_\_\_\_\_

Of

Suburb: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Membership No: \_\_\_\_\_

Signature of the Seconder: \_\_\_\_\_

**NOMINEE**

I, Full Name: \_\_\_\_\_

Of

Suburb: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Membership No: \_\_\_\_\_

HEREBY ACCEPT THE NOMINATION FOR THE POSITION OF: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

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**OFFICE USE ONLY**

Date Application Received:

Listed on Board List:

Date Notified: