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| **COUNCIL ELECTION – TUESDAY 21 AUGUST 2018** |
| **NOMINATION FORM** |
|  |
| **TO BE FORWARDED TO THE RETURNING OFFICER** |
| **PO BOX 815 DICKSON ACT 2602** |
| **BY CLOSE OF BUSINESS, FRIDAY, 10 AUGUST 2018** |
|  |
| I |  |
| Signed |  |
| Financial Membership No |  |
| Hereby nominate |  |
| For the position of |  |
|  |  |
| Seconded by |  |
| Signed |  |
| Financial Membership No. |  |
|  |  |
| I |  |
| The person nominated above agree to accept the nomination |
|  |  |
| Financial membership No |  |
| Signed |  |
| Dated |  |
| I understand that if elected, I will hold this position for a period of 2 years |
|  |  |
| Positions available | **PRESIDENT****TREASURER**  |
|  **4 X COUNCIL MEMBERS** |
|  |
|  |
| Date received |  |
| Initials of Returning Officer |  |