



**COUNCIL ELECTION – TUESDAY 8 SEPTEMBER 2020**  
**NOMINATION FORM**  
**TO BE FORWARDED TO THE RETURNING OFFICER**  
**PO BOX 815 DICKSON ACT 2602**  
**BY CLOSE OF BUSINESS, TUESDAY, 1 SEPTEMBER 2020**

I, (Name) \_\_\_\_\_

Signed \_\_\_\_\_

Financial Membership No \_\_\_\_\_

Hereby nominate \_\_\_\_\_

For the position of \_\_\_\_\_

Seconded by (Name) \_\_\_\_\_

Signed \_\_\_\_\_

Financial Membership No. \_\_\_\_\_

I, (Name) \_\_\_\_\_

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 \_\_\_\_\_