

COMMITTEE NOMINATION FORM

Organization/Committee Name: _____ Position/Role: _____

Nominee Information:

Full Name: _____

Residential Address: _____

Phone Number: _____

Email Address: _____

Nominator Information:

Full Name: _____

Relationship to Nominee: _____

Phone Number: _____

Email Address: _____

Nomination Details and Consent:

I, the undersigned nominee, hereby consent to my nomination for the position above and agree to fulfill the responsibilities associated with this role if elected or appointed. I confirm that the information provided is true and correct to the best of my knowledge.

Nominee Signature: _____

Date: _____

Nominator Signature: _____

Date: _____

Committee Use Only:

Nomination Received By: _____

Date Received: _____

Decision of Committee: _____

Signature of Committee Chair: _____

Date: _____

This nomination form complies with all relevant laws and regulations applicable in Australia. All information provided is confidential and will only be used for the purpose of committee nomination and appointment. The nominee and nominator certify that they understand and agree to the terms set forth in this form.

NOMINEE'S SIGNATURE

NOMINATOR'S SIGNATURE

Signature: _____

Signature: _____

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