**I HEREBY NOMINATE:**

………………………………………………………………………………………………..………………………………………………….

*(Nominee’s Full Name and Address)*

………………………………………………………………………………………………..………………………………………………….

**FOR THE POSITION OF**: *(please select one)*

President  Vice-President  Secretary

Treasurer  Ordinary Member

**Proposed by**: ……………………………………………………………………………………………………………………………

(Member’s Full Name)

Signed: Dated:

**Seconded by**: ……………………………………………………………………………………………………………………………

(Member’s Full Name)

Signed: Dated:

**Accepted by**: ……………………………………………………………………………………………………………………………

(Nominee’s Full Name)

Signed: Dated:

|  |  |
| --- | --- |
| **On completion, please return to The Secretary, Independent Advocacy in the Tropics Inc.** | |
| 2/179-181 Ross River Road  MUNDINGBURRA QLD 4812  PO Box 3067  HERMIT PARK QLD 4812 | Phone: 1800 887 688  07) 4725 2505  Fax: 07) 4725 6106  E-mail: admin@iat.org.au |

**OFFICIAL USE ONLY**

Accepted by Meeting of the Management Committee/AGM.

Date of Meeting:

*Phone: 4725 2505 Fax: 4725 6106*

[*admin@iat.org.au*](mailto:admin@iat.org.au)