**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 RoadMUNDINGBURRA QLD 4812PO Box 3067HERMIT PARK QLD 4812 | Phone: 1800 887 688 07) 4725 2505Fax: 07) 4725 6106E-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*