

# MANAGEMENT COMMITTEE NOMINATION FORM

**I HEREBY NOMINATE:**

.....  
(Nominee's Full Name and Address)

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

- President                       Vice-President                       Secretary  
 Treasurer                       Ordinary Member (2 positions available)

**Proposed by:** .....  
(Member's Full Name)

Signed: ..... Dated: .....

**Seconded by:** .....  
(Member's Full Name)

Signed: ..... Dated: .....

**Accepted by:** .....  
(Nominee's Full Name)

Signed: ..... Dated: .....

**All those completing this Nomination must be current Ordinary Members.**

**On completion, please return to The Secretary, Independent Advocacy in the Tropics Inc.**

2/179-181 Ross River Road  
MUNDINGBURRA QLD 4812  
PO Box 3065  
HERMIT PARK QLD 4812

Phone: 1800 887 688  
(07) 4725 2505  
Fax: (07) 4725 6106  
E-mail: [secretary@ianq.org.au](mailto:secretary@ianq.org.au)

## OFFICIAL USE ONLY

Date Received:

Accepted at the Meeting of the Management Committee/AGM.

Date of Meeting: .....