

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.

Suite 1, 1-3 Barlow Street, SOUTH TOWNSVILLE, QLD 4810
PO Box 3065 HERMIT PARK QLD 4812

Phone: 1800 887 688
E-mail: secretary@ianq.org.au

OFFICIAL USE ONLY

Date Received:

Accepted at the Meeting of the Management Committee/AGM.

Date of Meeting: