

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

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(07) 4725 2505
Fax: (07) 4725 6106
E-mail: secretary@ianq.org.au

OFFICIAL USE ONLY

Date Received:

Accepted at the Meeting of the Management Committee/AGM.

Date of Meeting: