

NOMINATION FORM

Nominee Full Name: _____

Nominee Date of Birth: _____

Nominee Residential Address: _____

Nominee Postal Address (if different): _____

Nominee Phone Number: _____

Nominee Email Address: _____

Nomination Details:

Membership Number: _____

Nomination Type: _____

Relationship to Member: _____

Reason for Nomination:

Declaration and Agreement:

I hereby nominate the above-named person to act on my behalf as my legal representative for matters related to my membership with the organization. I declare that all information provided is true and correct and agree to comply with all applicable rules and regulations. I understand that this Nomination Form is legally binding and enforceable under Australian law.

Signature of Member: _____

Signature of Nominee: _____

Witness Full Name: _____

Witness Signature: _____

Witness Contact Number: _____

MEMBER'S SIGNATURE

NOMINEE'S SIGNATURE

Signature: _____

Signature: _____

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