



## NOMINATION FORM

ACCAN BOARD 2016 - 2019

I, \_\_\_\_\_ (name of candidate),

hereby accept nomination for the ACCAN Board

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

The candidate is an  individual member or  a representative of an organisational voting member of ACCAN. If organisation please provide name of organisation:

\_\_\_\_\_

I wish to nominate the above qualified candidate for election to the ACCAN Board:

Name of Proposer: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Seconder: \_\_\_\_\_

Signature of Seconder: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*All candidates for the ACCAN Board are entitled to submit a statement of not more than 200 words. Please attach the statement with this form and email a soft copy to:*

[nominations@accan.org.au](mailto:nominations@accan.org.au)

**All Nominations must be received by:**

**5pm AEST – 16<sup>th</sup> August 2016**

To the Returning Officer  
c/- ACCAN

By Mail: Suite 402, 55 Mountain Street,  
Ultimo NSW 2007

Or by Fax: 02 9288 4019

Or by Email: [nominations@accan.org.au](mailto:nominations@accan.org.au)