

ABN 68 002 561631

network **AGM**

Friday, 5th April 2024

Nomination Form

for the Board of Network of Community Activities

All nominees must be a representative from a full financial member organisation. Nominees must be proposed by a representative from their organisation and seconded by another member organisation.

I confirm that I am eligible to stand fo	or a position on the Netwo	ork Board of Management.
Nominee's Name:		
Service Name (if applicable):		
Network Membership Number:		Type of Membership: □ service □ individual
Residential Address:		
Phone Number:		
Personal Email Address:		
Nominee's Signature		Date:
Proposed By (Representative of your organisation)		
Name:		
Signature:		Date:
Seconded by (needs to be a representative of another member organisation)		
Name:		
Signature:		Date:
Representative Member Number:		

Please email this nomination form to secretary@networkofcommunityactivities.org.au and cc network@networkofcommunityactivities.org.au. Nominations sent to any other address will not be accepted.

All nominations must be returned to Network by 5:00pm Fri. 22 March, 2024 to be eligible.

Relevant information regarding nomination and election of Directors and their respective roles can be found at section 6.2 of the Network of Community Activities Constitution.







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Curriculum Vitae of Nominee

(for inclusion with nomination form)

Nominee's Name	
Date of Birth (as per ASIC requirements)	
Town of Birth (As per ASIC requirements)	
Residential Address	
Mobile Phone	
Work Phone	
Personal Email	
Occupation	
Current position:	

Any previous relevant roles:

Qualifications:

Why I would like to be a Network Board Director:





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Curriculum Vitae of Nominee

(for inclusion with nomination form)

Skills I bring to the organisation:

Short Bio (Less than 200 words):

Please attach or email a photo of yourself for publication (must be a jpg file).