



# NSW Neighbour Aid & Social Support Association Inc.

## NOMINATION FORM 2017/18 Executive Committee

I, \_\_\_\_\_, hereby nominate \_\_\_\_\_ for the position of  
(Nominator)

(Please tick one)

- Chairperson                                       Secretary                                       Treasurer  
 Regional Representative Liaison Officer                                       General member

### **NOMINATOR:**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **SECONDER:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOMINEE:** I, \_\_\_\_\_, hereby accept this nomination.  
(Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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- Chairperson                                       Secretary                                       Treasurer  
 Regional Representative Liaison Officer                                       General member

### **NOMINATOR:**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **SECONDER:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOMINEE:** I, \_\_\_\_\_, hereby accept this nomination.  
(Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_