



NSW Neighbour Aid & Social Support Association Inc.

NOMINATION FORM 2017/18 Regional Representative

I, _____, hereby nominate _____ for the position of
(Nominator)
Regional Representative of: _____
(Area)

NOMINATOR: Date: ____ / ____ / ____

Name: _____ Signature: _____

SECONDER: Date: ____ / ____ / ____

Name: _____ Signature: _____

NOMINEE: I, _____, hereby accept this nomination.
(Name)

Signature: _____ Date: ____ / ____ / ____



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I, _____, hereby nominate _____ for the position of
(Nominator)
Regional Representative of: _____
(Area)

NOMINATOR: Date: ____ / ____ / ____

Name: _____ Signature: _____

SECONDER: Date: ____ / ____ / ____

Name: _____ Signature: _____

NOMINEE: I, _____, hereby accept this nomination.
(Name)

Signature: _____ Date: ____ / ____ / ____