

## NOMINATION FORM FOR OFFICE BEARERS AND COMMITTEE MEMBERS

Nominations must be made in writing, signed by 2 members of the Association, who must be Full and / or Senior financial members and must be at least 18 years of age and accompanied by the written consent of the candidate and must be delivered to the Secretary of the Association at least **3 clear days** before the date fixed for the holding of the Annual General Meeting.

#### Nominees must be a full Senior financial member of a NSWPSA

Proposed by:		
l,		(Full Name)
Of		(Address)
Signature	(Proposed)	
And		
I,		(Full Name)
Of		(Address)
Signature	(Seconded)	

## Nominate

As per 17 (9) of the NSWPSA Constitution, we hereby nominate as a candidate for election as an Office-Bearer or as an Ordinary Committee Member of the Association, the following Nominee:-

	(Full name of Nominee)
Of	(Address)
Phone:	



## NOMINATION FORM FOR OFFICE BEARERS AND COMMITTEE **MEMBERS**

# **Positions**

(Please tick all that apply. Note that a committee member may hold up to 2 positions, other than the positions of both the president and vice-president.)

Offic	e Bearers						
	President		Vice President		Secretary		
	Treasurer						
Ordi 🗖	nary Committee Mer Assistant Secretary	mbers	s Assistant Treasurer		Event/Seminar Officer		
Appointed Positions (No Voting Rights)							
(To be appointed by the incoming Committee at the next convened meeting)							
	MPIO		Complaints Officer		Website Administrator		
	Public Officer		Event/Seminar Assis	stant			

#### Consent of Candidate:

\_\_\_\_\_ am willing to take on this role if I am elected to this position at the Annual General Meeting of the Association. I understand that in agreeing to this nomination, I have met the following conditions and/or agree to the following statements:

- I have read **Part 3 The Committee** of the Constitution of the Association and understand the requirements and responsibilities of the Committee and the position/s for which I have been nominated:
- I have read Sections 6, 7 & 8 Roles & Responsibilities of the By-Laws of the Association:
- I understand that it is my responsibility to understand the rules, regulations and responsibilities, the Constitution, By-Laws, Member Protection Policy and Code of ethics of the National and State Associations under the Associations Incorporated Act.
- I will abide by Committee etiquette and treat my fellow Committee members with respect and act in the best interests of the Association;
- All Committee documents and discussions are Private & Confidential and are not to be shared outside of the Committee unless voted on for membership release. Any leaking of documents or discussions from the National or State Associations is deemed a breach and may result in further action;
- I can attend committee meetings of the Association (at least 3 times per year);
- I have the appropriate skills and knowledge to be able to support the administrative functions of the Association in a committee position.



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Please briefly outline appropriate skills, knowledge and any other relevant experience that will be included on the ballot form.

Forms to be emailed to: <u>nswpsa\_secretary@apsa.net.au</u>