



# **WESDARC**

Western Sydney Drug & Alcohol Resource Centre Inc.

Suite 109, 114-116 Henry Street PENRITH NSW 2750

Phone: 02 4732 1999 Fax: 02 4731 1911

## **MANAGEMENT COMMITTEE NOMINATION FORM**

Note: USE A SEPARATE FORM FOR EACH NOMINATION

(USE BLOCK LETTERS)

### **NOMINATION:**

We the undersigned Proposer wish to nominate:

\_\_\_\_\_ Title First name Surname

Organisation \_\_\_\_\_ Postal Address \_\_\_\_\_

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### **PROPOSER:**

Name of Proposer:

\_\_\_\_\_ Title First name Surname

Organisation \_\_\_\_\_ Postal Address \_\_\_\_\_

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

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### **SECONDER:**

Name of Secunder:

\_\_\_\_\_ Title First name Surname

Organisation \_\_\_\_\_ Postal Address \_\_\_\_\_

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

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### **ACCEPTANCE OF NOMINATION:**

Name of Nominee:

\_\_\_\_\_ Title First name Surname

DOB \_\_\_\_\_

Organisation \_\_\_\_\_ Postal Address \_\_\_\_\_

Telephone Numbers (W) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

I hereby accept the nomination:

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Nominee

Office use only: Authorised by Chairperson: \_\_\_\_\_