



2016 GOVERNING COUNCIL ELECTIONS

NOMINATION FORM

Please complete accurately and legibly in block letters. Kindly ensure that completion of this form meets the requirements of the Election Rules.

Date: _____

Nominee

Member Name: _____

Membership Grade: _____

Position Contesting: _____

Membership Status: Paid-up Not Paid-up Sign: _____

Nominated by

Member Name: _____

Membership Grade: _____

Membership Status: Paid-up Not Paid-up Sign: _____

Seconded by

Member Name: _____

Membership Grade: _____

Membership Status: Paid-up Not Paid-up Sign: _____

Electoral Commissioner's Remarks

Approved

Rejected

Reason: _____