

COMMITTEE MEMBER NOMINATION FORM ANNUAL GENERAL MEETING 1 MAY 2023

<u>Nominee</u>	
Full name:	
Address:	
Email address:	
Home Phone:	Business Phone:
Mobile Phone:	Years at MHS:
Signature:	Date:
Position nominating for (tick one):	
☐ President ☐ Vice President positions)	☐ Secretary ☐ Treasurer ☐ Committee Member (6
*It is expected that all committee member at the first committee meeting following	ers will accept responsibility for a particular portfolio, determined the AGM.
<u>Proposer</u>	
Full name:	
Signature:	Date:
Seconder	
Full name:	
Signature:	Date:

*All nominees, proposers and seconders must be current members of MHSOBA Inc.

*This form must be returned to the MHSOBA office by 5.00pm on 17 April 2023 to administrator@mhsoba.asn.au

WWW.MHSOBA.ASN.AU

SO.B. ASSOCIATION OF THE WORK