

COMMITTEE MEMBER NOMINATION FORM ANNUAL GENERAL MEETING 20 May 2024

<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 ☐ Secretapositions)	ary 🛘 Treasurer 🖟 Committee Member (6
*It is expected that all committee members will accept responsibility for a particular portfolio, determined at the first committee meeting following the AGM.	
<u>Proposer</u>	
Full name:	
Signature:	_ Date:
<u>Seconder</u>	
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 Monday 6 May 2024 to administrator@mhsoba.asn.au



HONOUR THE WORK