



NOMINATION FORM FOR OFFICE BEARERS AND COMMITTEE MEMBERS 2025

Nominations must be made in writing, signed by 2 members of a Member 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 (which may be endorsed on the form of the nomination), and must be delivered to the Secretary of the Association at least 14 days before the date fixed for the holding of the AGM. **Due 24th May by 16:30 AEST strictly.**

Nominees must be a fully accredited financial member of a Member. (for clarity min Level 1 accredited)

PROPOSED BY:			
l,		(full name)	
Of,			_(full address)
Signature	_(Proposed)		
AND PROPOSED BY:			
l,		(full name)	
Of,			_(full address)
Sianature	(Seconded)		

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NOMINATE:	(full name of nominee)
Of,	(full address)
Signature (Nomina	ee) Date
Being a member of	_ (State PSA) and having given their consent nominate for
the position of (please circle):	
OFFICE BEARER POSITIONS:	
• Secretary	
• Treasurer	
ORDINARY COMMITTEE MEMBER	S POSITIONS:
Member Protection Officer	
• Complaint Officer	
• Update Points Officer	
Please briefly explain any relevan	t experience or other information that you would like
included on the ballot form	



