SSAA ACT Inc. – 2024 Annual General Meeting Executive Committee Nomination Form

Nomination for SSAA ACT Inc. Executive Committee

Nominee:							
Name				Membership Number			
Position:							
President		Vice Presiden	t			Deputy Vice President	
Secretary		Treasurer					
Nominated by:							
Name	Name			Membership Number			
		Signatur	e:				
Date							
Seconded by:							
Name				Me	embership N	umber	
		Signatur	e:				
Date							
Consent of Nominee*:							
Name							
		Signature:					
Date							

Nominations must be lodged with the Secretary (<u>secretary@ssaaact.org.au</u>) no later than the commencement of the Annual General Meeting.

* By accepting and signing the consent, you acknowledge that you understand the requirements of the position for which you are being nominated.