

ANNUAL STATE CONFERENCE

NOMINATION FORM FOR STATE COUNCIL

CANDIDATE _____ BRANCH _____

Nominated Position _____

[Please print position for which nomination is being made]

(ALL POSITIONS BECOME VACANT AT EACH AGM)

We _____ and _____

[Nominator Name – please print]

[Secunder name – please print]

Wish to nominate and second the above-named candidate for the nominated position on State Council of ICPA.

NOMINATOR’S SIGNATURE _____ **BRANCH** _____

SECONDER’S SIGNATURE _____ **BRANCH** _____

CANDIDATE’S SIGNATURE _____ **BRANCH** _____

*The Nominator, Secunder and Candidate must all be financial members of ICPA.

CANDIDATE’S PROFILE (to be completed by candidate)

NAME _____ **BRANCH** _____

{List brief background to include family details, schooling experiences, ICPA interests, other relevant information}

Please email to WASecretary@icpa.com.au by midnight Wednesday 16th March .

Nominations will be posted during the lunch break.
