

NOMINATION FORM
FOR ELECTION OF QUEENSLAND STATE COUNCIL

I wish to nominate _____ for the position of _____
on Queensland State Council.

Nominated by _____ Branch _____

Signature of Nominator _____

Seconded by _____ Branch _____

Signature of Nominator _____

I agree to accept this nomination.

Signature of Nominee _____

All nomination forms must be in the hands of the State Secretary by the opening of the AGM.

CURRICULUM VITAE OF NOMINEE

We are delighted to receive your nomination. Please outline briefly:

- Your personal details and interests as they may relate to the scope of ICPA Qld's Advocacy
- Any skills you believe could be utilised and contribute to ICPA Qld's Advocacy