

NOMINATION FORM FOR ELECTION OF QUEENSLAND STATE COUNCIL

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

SIGNATURE OF NOMINATOR _____

(PRINT NAME) _____

BRANCH _____

SECONDED BY (SIGNATURE) _____

(PRINT NAME) _____

BANCH _____

I agree to accept this nomination.

SIGNATURE OF NOMINEE _____

All nomination forms must be in the hands of the State Secretary by afternoon tea on Day
One.

CURRICULUM VITAE

