

Nomination Form
Management Committee
Community Action for Better Living Inc. (CABL)
Formerly Burwood Community Welfare Services Inc. (BCWS)

This form needs to be completed by a nominator, a seconder and the candidate for a Management Committee position, all of whom must be financial members of the Association. The completed form should be sent to ceo@bcws.org.au

Nominator

I nominate _____ to the following position on the Management Committee of BCWS/CABL:

- President
Vice-President (not up for election at the 2022 AGM)
- Treasurer
- Secretary
- Ordinary Member

I confirm I am a financial member of the Association.

Name _____

Signed _____ Dated _____

Seconder

I second the above nomination.

I confirm I am a financial member of the Association.

Name _____

Signed _____ Dated _____

Candidate

I accept the above nomination.

I confirm I am a financial member of the Association.

Name _____

Signed _____ Dated _____

The information collected in this application form is for identification purposes only, and will be stored in an appropriately secure format. When the information is no longer required for the purposes for which it was collected, it will be deleted.