



Nomination Form to the Board of the Youth Coalition of the ACT Inc.

Please note:

- A candidate must be an Individual member or a delegate of a member Organisation.
- Candidates must be current financial members of the Youth Coalition of the ACT.
- The first and second nominators may not be delegates of the one member Organisation. However they must be members of the Youth Coalition of the ACT.
- **All** parts of this form must be completed and signed.
- Nominations must reach the Youth Coalition of the ACT by post: PO Box 5232 Lyneham ACT 2602, by email: office@youthcoalition.net or by hand: 46 Clianthus St O'Connor ACT, **no later than 4pm on Friday 19 November 2021**

Nominee Information

Name: _____

Email Address: _____

Phone Number: _____

Delegate of (organisation): _____

OR

Individual Member (please mark X if appropriate)

I accept nomination to the Board of the Youth Coalition of the ACT and understand that in so doing I become a Board member in my own right, and understand my responsibilities as a member of the governance structure. Nominee Signature: _____

Nominated by:

Name: _____

Signature: _____

Delegate of: _____ (member organisation)

Or

Individual Member (please mark X if appropriate)

Seconded by: _____ (*Note: must not be from the same organisation as first nominator*)

Name: _____

Signature: _____

Delegate of: _____ (member organisation)

Or

Individual Member (please mark X if appropriate)

For further information regarding nomination and election procedures or general enquiries about the AGM please contact Sharon Casey on 02 6247 3540 or via e-mail to office@youthcoalition.net

