

**NOMINATION FORM - ELECTION OF OFFICERS
AUSTRALIAN ADDISON'S DISEASE ASSOCIATION INC.**

Nomination and Consent by Nominee

I declare that I am a current financial member of the Australian Addison's Association and that I wish to nominate for the Committee.

If elected, I consent to act as a committee member and undertake to fulfil all duties and obligations required of the position, including the obligations to attend meetings of the committee and to become appropriately conversant with the duties of committee members.

I wish to nominate for the position of:

President	Vice-President	Secretary	Treasurer
Ordinary Committee Member	State/Regional Representative		

(Please clearly indicate each position for which you are willing to stand e.g. circle or delete. Applicants who are unsuccessful for one nominated position are then considered for election to another nominated position).

Name: _____ Contact details: _____

Signed: _____

Date: _____

	PROPOSER	SECONDER
NAME (PRINT)	_____	_____
SIGNED	_____	_____
DATE	_____	_____

NB The nomination may only be proposed and seconded by financial members.

Please forward this nomination to the Secretary via info@addisons.org.au or post to:

AADAI PO Box 224, New Lambton, NSW 2305

The nomination must be received by the Secretary no later than 5th September 2016

Admin only

Membership status check:

Current financial member? Yes / No

Date received: _____