# Blind Citizens Australia

# Nomination Form for 2019 Elections

This form should be read in conjunction with the “Notice of Annual General Meeting” which has been sent to all members of BCA and is available at www.bca.org.au.

* Only Full Members of Blind Citizens Australia, as at 30 June 2019, can nominate, be nominated, or second members wishing to stand for election.
* To be nominated, nominate or second a nomination for an NPC position, members must be residents of the State or Territory concerned.
* To be nominated, nominate or second a nomination for a NSW/ACT State Division Committee position, members must be a resident of NSW or the ACT.
* Nominations should be in Microsoft Word or text format and must reach the Company Secretary by 5:00pm on Monday, 21 October, 2019.
* Nominations should be accompanied by a statement in support of the nomination (no more than 300 words).

Nominee Details

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| E-mail: |  |
| Usual state of residence: |  |
| Place an asterisk to the right of position(s) for which you wish to nominate | Director |
| NPC Representative VIC |
| NPC Representative TAS |
| NPC Representative SA |
| NPC Representative QLD |
| NSW ACT State Division Rep |
| Nomination Date: |  |

Nominator Details

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| E-mail: |  |
| Usual state of residence: |  |
| Place an asterisk to the right of position(s) for which you wish to nominate the candidate named above. | Director |
| NPC Representative VIC |
| NPC Representative TAS |
| NPC Representative SA |
| NPC Representative QLD |
| NSW ACT State Division Rep |
| Date of Endorsement: |  |

Seconder Details

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| E-mail: |  |
| Usual state of residence: |  |
| Place an asterisk to the right of position(s) for which you wish to second the nomination of the candidate named above. | Director |
| NPC Representative VIC |
| NPC Representative TAS |
| NPC Representative SA |
| NPC Representative QLD |
| NSW ACT State Division Rep |
| Date of Endorsement: |  |

|  |  |  |
| --- | --- | --- |
| FOR OFFICE USE ONLY | | |
|  | Verified By | Date: |
| Nominee |  |  |
| Nominator |  |  |
| Seconder |  |  |