#  Blind Citizens Australia

# Nomination Form for 2021 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 2021, can nominate, be nominated, or second members wishing to stand for election.
* To be nominated, nominate or second a nomination for a National Policy Council 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 position, members must be residents of NSW or the ACT.
* Nominations must be in Microsoft Word or text format and reach the Company Secretary by 5:00pm Monday 25 October 2021.
* Nominations must be accompanied by a statement in support of the nomination (no more than 300 words).
* You can nominate for more than one position (note that a Director cannot also be a rep on the NPC). Please complete a separate nomination form for each nomination.
* Nomination form and accompanying statement must be sent to companysecretary@bca.org.au

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 | President |
| Director |
| NPC Representative ACT |
| NPC Representative Qld |
| NPC Representative SA |
| NPC Representative Vic |
| NSW/ACT State Division - NSW |
| NSW/ACT State Division - ACT |
| 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.  | President |
| Director |
| NPC Representative ACT |
| NPC Representative Qld |
| NPC Representative SA |
| NPC Representative Vic |
| NSW/ACT State Division - NSW |
| NSW/ACT State Division - ACT |
| 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.  | President |
| Director |
| NPC Representative ACT |
| NPC Representative Qld |
| NPC Representative SA |
| NPC Representative Vic |
| NSW/ACT State Division - NSW |
| NSW/ACT State Division - ACT |
| Date of Endorsement: |  |

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