

# Blind Citizens Australia

# Nomination Form for 2022 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 2022, can be nominated, nominate, or second members wishing to stand for election.
* If nominating as Director, in accordance with the Corporations Act, you must provide a Director Identification Number as well as a confirmation that you are not disqualified to act as a director by ASIC or the ACNC. If you do not have a Director Identification Number, you must apply before appointment as Director. Visit <https://www.abrs.gov.au/director-identification-number> for more information. If you require assistance, please contact Sally Aurisch, Company Secretary, BCA on 1800 033 660.
* To be nominated, nominate or second a nomination for a NSW/ACT State Division position, members must be residents of NSW.
* Nominations must be in Microsoft Word or text format and reach the Company Secretary by 5:00pm Monday 17th October 2022.
* 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. 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 | Director |
| NSW/ACT State Division - NSW |
| If Director nomination, please provide Director ID. Or confirmation that the application has commenced. |  |
| I confirm that I am not disqualified to act as a director by ASIC or the ACNC. |  |
| 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 |
| NSW/ACT State Division - NSW |
| 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 |
| NSW/ACT State Division - NSW |
| Date of Endorsement: |  |

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