

**Ph** 1800 033 660 | **E** [bca@bca.org.au](mailto:bca@bca.org.au) | **W** [bca.org.au](http://www.bca.org.au/) | **ABN** 90 006 985 226

# Nomination Form: BCA NSW/ACT State Division Elections 2025

The below information and 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 <https://www.bca.org.au/events/bca-annual-general-meeting-2025/>.

* Only full members of Blind Citizens Australia, as at 30 June 2025, can nominate, be nominated, or second members wishing to stand for election.
* To be nominated, nominate or second a nomination for a NSW / ACT State Division position, members must be residents of the State or Territory of the vacant position.
* Position Descriptions for all vacant positions are available on BCA’s website.
* Nominations must be accompanied by a statement in support of the nomination (no more than 300 words).
* Completed nomination form and accompanying statement must be sent to the Company Secretary at [companysecretary@bca.org.au](mailto:companysecretary@bca.org.au).
* Nominations must be in Microsoft Word or text format and reach the Company Secretary by **5:00pm AEDT, Friday, 17th October 2025**.

## Nominee details:

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| Email: |  |
| Usual State of residence: |  |
| Place an asterisk to the right of position for which you wish to nominate | State Division – NSW |
| State Division - ACT |
| Nomination date: |  |

## Nominated by:

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| Email: |  |
| Usual State of residence: |  |
| Place an asterisk to the right of position for which you wish to nominate the candidate named above. | State Division – NSW |
| State Division - ACT |
| Date of endorsement: |  |

## Nomination seconded by:

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| Email: |  |
| Usual State of residence: |  |
| Place an asterisk to the right of position for which you wish to second the nomination of the candidate named above. | State Division – NSW |
| State Division - ACT |
| Date of endorsement: |  |

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

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