

BOARD NOMINATION FORM

*** Nominations must be received before midnight on the 3rd of November 2019***

Full Name (as shown
on passport/license)

Preferred Name

Address

Town

State/PCode

Home Phone

Mobile #

Email

Skype Name

Date of Birth

City of Birth

Country of Birth

Are you happy for your phone and email details to be given to other Board members?

Yes/No

Do you have any needs to ensure your participation at our monthly Skype meeting?

BOARD NOMINATION FORM

I am interested in and have skills in the following areas:

- Management
- Website Design & Management
- Marketing/Communications (Digital and Traditional)
- Event Management
- Secretarial Duties
- Fundraising
- Grant Writing
- NDIS advocacy
- Medical Liaison
- Book Keeping
- Other: _____
- Other: _____
- Other: _____
- Other: _____