

ACT Retirement Village Residents Association Inc.

To: provide independent information, advice, advocacy and representation

Committee Nomination Form

NOMINATOR

Iresident of.....
(Name of Nominator) (Name of Retirement Village)

NOMINATE

.....for.....
(Name of Nominee)(INSERT: President, Vice President–Administration, Vice President–Village Liaison, Treasurer, Secretary or Committee member)

signed.....
(Signature of Nominator) (Date)

SECONDER

I,resident of

SECOND the nomination of
.....for.....
(Name of Nominee) (Position)

signed.....
(Signature of Seconder) (Date)

CANDIDATE

I,resident of

AGREE to be nominated for the position of

signed

Note: all signatories must be financial members of ACT RVRA. If not sure, please contact membership@actrvra.org.au, call 6179 6003 or send note to PO Box 229, Woden, ACT, 2606.

Email or post completed form to the secretary enquiries@actrvra.org.au by 5pm, 13 November 2024 (7 days before the AGM)