

ACT Retirement Village Residents Association Inc.

To: provide independent information, advice, advocacy and representation

Committee Nomination Form

CANDIDATE

I,resident of
(Name) (Name of Retirement Village)

NOMINATE for the position of

(INSERT: President, Vice President–Administration, Vice President–Village Liaison, Treasurer, Secretary or Committee member)

signed
(Signature of Candidate) (Date)

NOMINATED BY

.....resident of
(Name) (Name of Retirement Village)

signed.....
(Signature) (Date)

SECONDER

.....resident of
(Name) (Name of Retirement Village)

signed.....
(Signature) (Date)

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, 19 November 2025 (7 days before the AGM)