

ST KILDA HISTORICAL SOCIETY INC.

ABN 25 188 646 275
PO Box 177, Balaclava Vic 3183

NOMINATION FORM

Please complete all sections below. Then post to the Membership Secretary at the above address.

Note: To be valid, this nomination form must be completed in full, all members listed must be financial and this form must be received not less than 7 days prior to the Meeting date (Rule 23).

Section 1: NOMINATION

We the undersigned hereby nominate:

Name:(Full name in block letters)

For: ELECTION TO THE COMMITTEE

and/or

(please tick option below if proposal is also for one of these positions)

- PRESIDENT
- VICE PRESIDENTS
- SECRETARY
- TREASURER

Dated

Section 2: PROPOSER'S Details:

Signed.....

Name(Full name in block letters)

Section 3: SECONDER'S Details

Signed.....

Name(Full name in block letters)

Section 4: NOMINEE'S Consent

I consent to this nomination.

Signed.....

Office Use Only
Checked by: