

**Election of Management Committee Treasurer
NOMINATION FORM**

**Annual General Meeting
Thursday 13 October 2016**

**Venue: Maari Ma Aboriginal Health Corporation, 428 Argent St, Broken Hill
5:00pm - 5:30pm**

- Nominations must be on the form supplied
- Only individual financial members of Palliative Care NSW may nominate/be nominated
- **Nominations close at 5PM on Thursday October 6th October 2016.**
- Nominations may be addressed to
The Secretary
Palliative Care NSW
PO Box 487 Strawberry Hills NSW 2012
Fax: 02 9281 0157
Email: info@palliativecarenewsw.org.au

I, _____, a member of PCNSW
(name)
of _____
(address)

hereby nominate for the position of **Treasurer**

Signature

Date

I, _____, a member of PCNSW,
hereby endorse the nomination of the applicant, who is personally known to me, for the position of
Treasurer

Signature

Date

I, _____, a member of PCNSW,
hereby endorse the nomination of the applicant, who is personally known to me, for the position of
Treasurer

Signature

Date