ELECTION NOMINATION FORM

GROUP NAME:	ABORIGINAL COUNCIL COMMITTEE
DEPT/AGENCY:	
NOMINATION FOR THE POSITION OF:	DELEGATE

We, the undersigned Aboriginal financial members of the PSA, nominate:

Firstname:	**SURNAME:**
Worksite Address:	
Phone (9-5):	**Membership Number:**
Candidate's residential postal address:	

EACH NOMINATION MUST BE SIGNED BY TWO OTHER **ABORIGINAL FINANCIAL** MEMBERS

1. Nominator:

Firstname:	**SURNAME:**
Signature:	**Membership Number:**

2. Seconder:

Firstname:	**SURNAME:**
Signature:	**Membership Number:**

I consent to my nomination.

Signature of candidate: .....

Dated this .....day of .....20.....

RECEIPT: Acknowledgement of the receipt of your nomination form at the PSA will be sent to you.
CANDIDATE INFORMATION: If there is a ballot, candidates who wish to have a profile sent with the ballot material should provide a brief statement of 300 words or less stating how they will best represent members' interests. Candidate information should be completed below.

Return Nomination Form to: PSA Returning Officer, PSA, GPO Box 3365, SYDNEY NSW 2001
or fax (02) 9262 1623 or email elections@psa.asn.au
by the scheduled closing time