



Nomination for Annual Conference 2017

WORKPLACE GROUP or COMBINED WPG:

We, the undersigned financial members of this workplace constituency of the PSA, nominate:

NAME (print):

EMPLOYER:

WORK LOCATION:

RESIDENTIAL POSTAL ADDRESS:

POSTCODE:

PHONE:

DATE:

EMAIL:

1st NOMINATOR (print):

SIGNATURE:

2nd NOMINATOR (print):

SIGNATURE:

I hereby consent to my nomination:
(signature of candidate)

Delegates to Annual Conference should be part of the workplace group or combined workplace group as per the list of constituencies on the PSA website (www.psa.asn.au) and financial members of the Public Service Association.

**Send to: Secretariat, Att: Conference Organiser
Public Service Association,
GPO Box 3365, Sydney, 2001 or fax (02) 9262 1623**

LEAVE LETTERS WILL BE SENT TO THE DEPARTMENT IF THE NOMINATION IS ACCEPTED. A COPY OF THE LEAVE LETTER WILL BE SENT TO YOUR LOCAL MANAGER.

PLEASE ADVISE DETAILS OF MANAGER BELOW:

NAME:

POSITION:

EMAIL:

**PLEASE ENSURE THE NOMINATION FORM IS COMPLETED IN FULL.
INCOMPLETE FORMS WILL **NOT** BE ACCEPTED.**