



ELECTION NOMINATION FORM

Group type Industry (DC) Vocational Workplace Other

Group name

Electorate

Nomination for the position of

We, the undersigned financial members of the above group electorate, nominate:

Firstname

Surname

Worksite Address

Phone (9-5)

Membership Number

Candidate's residential postal address

Each nomination must be signed by two other financial members of the group electorate

NOMINATOR | Membership Number:

Firstname

Surname

SECONDER | Membership Number:

Firstname

Surname

Signature

Signature

I consent to my nomination.

A completed nomination form must be received by the Returning Officer by the scheduled closing time. It may be: hand delivered to the PSA Inquiry counter on Level 5, 160 Clarence Street, Sydney; posted to GPO Box 3365, SYDNEY NSW 2001; faxed to (02) 9262 1623 or emailed to elections@psa.asn.au

Signature of candidate

Date

| |

RECEIPT: Acknowledgement of the receipt of your nomination form 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:
