



## Nomination Form for PSA Vocational Branch Advisory Groups & Workplace Groups

POSITION: \_\_\_\_\_

WORKPLACE / ADVISORY GROUP: \_\_\_\_\_

We the undersigned financial members of the above mentioned branch of the Public Service Association of NSW, do hereby nominate;

NAME (in full-please print): \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_

CANDIDATE'S RESIDENTIAL POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_ PHONE (daytime) : \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

1. Nominator (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Membership No: \_\_\_\_\_

2. Seconder (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Membership No: \_\_\_\_\_

**I hereby consent to my nomination**

**Signature of Candidate:** \_\_\_\_\_

### Eligibility

Members eligible for election must be financial PSA members and be employed in the subject Workplace/Advisory Group.

### Receipt

A receipt acknowledging the receipt of your nomination form at the Public Service Association will be mailed to you.

Nominations must be with the Deputy Returning Officer, Public Service Association of NSW, GPO Box 3365, Sydney NSW 2001 or hand delivered to the PSA enquiry counter, 5<sup>th</sup> Floor, 160 Clarence St, Sydney or faxed to (02) 9262 1623 by the scheduled closing date.