



NOMINATION FORM FOR PSA BARGAINING TEAM 2015

POSITION: Bargaining Team delegate

ELECTORATE:

Department/agency:.....

Region:

- Metropolitan
- Newcastle
- South East
- Central West
- North Coast
- South West
- North West

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

First name:	Surname:
Worksite address:	
Phone:	Membership number:
Candidate's residential postal address:	

as a Bargaining Team delegate.

1. Nominator:

First name:	Surname:
Worksite address:	
Signature:	Membership number:

2. Seconder:

First name:	Surname:
Worksite address:	
Signature:	Membership number:

I consent to my nomination.

Signature of candidate:

Dated thisday of 2015.

NOMINATIONS CLOSE: 10AM MONDAY 14 SEPTEMBER 2015

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