



# ELECTION NOMINATION FORM

GROUP TYPE: Industry (DC) <input type="checkbox"/>	Vocational <input type="checkbox"/>	Workplace <input type="checkbox"/>	Other:
GROUP NAME:			
ELECTORATE:			
NOMINATION FOR THE POSITION OF:			

**We, the undersigned financial members of the above group electorate 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 FINANCIAL MEMBERS OF THE GROUP ELECTORATE

**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](mailto:elections@psa.asn.au)  
by the scheduled closing time