



BOARD OF GOVERNANCE NOMINATION FORM

I HEREBY NOMINATE	
Nominee:	
FOR A POSITION ON THE PEAKCARE QUEENSLAND INCORPORATED BOARD OF GOVERNANCE	

Name of Proposer:		Organisation:	
Signature:		Date:	

Note: Only Ordinary Members of PeakCare Queensland Incorporate who have been financial for a continuous period of 2 years are entitled to exercise this privilege.

Name of Seconder:		Organisation:	
Signature:		Date:	

Note: Seconder must be a current financial voting member of PeakCare Queensland Incorporated to exercise this privilege.

Nomination Acceptance

I ACCEPT THIS NOMINATION TO THE PEAKCARE QUEENSLAND INCORPORATED BOARD OF GOVERNANCE AND CONFIRM THAT MY ORGANISATION IS A FINANCIAL MEMBER	
Signature of Nominee:	

Nominations must be received no later than 5pm on Friday, 9 November 2018

Completed Nomination Forms are to be sent to Lindsay Wegener (Email: lwegener@peakcare.org.au)
Fax: 07 3368 1160; Post: PeakCare Queensland Incorporated PO Box 159 Paddington Qld 4064