

## Nomination Form Committee Position

**Vice President** 

N/A

**Treasurer** 

N/A

**President** 

Position: Please tick √

	Admin Officer	N/A	Public Officer		Committee	
Applicants Name	:		Address:			
Mobile# Home#			Work#			
In nominating, I uselected agree to Committee.	carry out all		•	ed by M	IMNNSW	d if
Applicants Signature:				Date:		
Current MMNNSW Member Signature to second nomination:				Date:		
	Nominatio	ns clos	se 2 Septembe	er 201	5	

Nominations to: Administration Officer kelli.douglas@defence.gov.au