|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Member Number | | First Name | | | Last Name | | |
|  | |  | | |  | | |
| Unit/Street No. | Street | | | | Suburb | | Post Code |
|  |  | | | |  | |  |
| Home Phone No. | | | Mobile Phone No. | | | Work Phone No. | |
|  | | |  | | |  | |
| e-mail address (if applicable) | | | |  | | | |

|  |
| --- |
| PART 1 – MEMBER NOMINATED AS A CANDIDATE FOR ELECTION AS A DIRECTOR |

|  |
| --- |
| PART 2 - CONSENT TO ACT |

Pursuant to Section 201D of the Corporations Act 2001 (Cth) and Clause 37 of the Constitution of Queensland Stoma Association Ltd 82 438 903 230 (the “Company”), I confirm that I am eligible for election as, and consent to act as a Director of the Company.

**Nominee’s signature**: **Date**:

|  |
| --- |
| PART 3 – PROPOSER AND SECONDER DETAILS |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proposer | | | | | | |
| Member No. | Name | | | Signature | | Date |
|  |  | | |  | |  |
| Home Phone No. | | Mobile Phone No. | | | Work Phone No. | |
|  | |  | | |  | |
| e-mail address (if applicable) | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Seconder | | | | | | |
| Member No. | Name | | | Signature | | Date |
|  |  | | |  | |  |
| Home Phone No. | | Mobile Phone No. | | | Work Phone No. | |
|  | |  | | |  | |
| e-mail address (if applicable) | | |  | | | |

***Please submit completed nomination form together with a brief candidate profile to the Company Secretary of QSA Ltd no later than 14 days before the time and date stated in the Notice of Annual General Meeting***

**Post to**: PO Box 370, CHERMSIDE QLD 4032

**Fax to**: 07 3350 1882

**Email to** [admin@qldstoma.asn.au](mailto:admin@qldstoma.asn.au)