

Nomination Form – Office Bearers Regional AECG Management Committee

Name of Local AECG:

Local AECG Meeting Date:

Name of Person Nominated:

Please place a tick next to the position the candidate is seeking election to:	President	<input type="checkbox"/>
	Vice-President	<input type="checkbox"/>
	Treasurer	<input type="checkbox"/>
	Secretary	<input type="checkbox"/>
	Regional Representative	<input type="checkbox"/>

Local AECG to provide a brief reason for the nomination:

*The person nominating and the persons endorsing the nomination must be **Full Financial Members** of the candidate's Local AECG.*

Nominated by:		Signature:
Endorsed by:		Signature:
Endorsed by:		Signature:

If the candidate has accepted the nomination then they **must** sign this form

Signature of Candidate: _____ Date: _____

*This nomination form **must** be endorsed by the **President** of the Local AECG*

Name of the President:

Signature:

Please note: This form must be submitted to the Secretary of the Regional AECG Management Committee **by close of business 14 days** prior to the holding of the Regional AECG AGM at which the election is to take place. It must be accompanied by the minutes of the Local AECG AGM, where the candidate was nominated.