



Reg No A0035972A

ABN 75 167 006 048

## Nomination Form for the Committee of Management 2015/2016

I \_\_\_\_\_  
(FULLNAME)

Of \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone/Mobile) (Email)

wish to nominate to be a member of the Community Accessibility Inc Committee of Management.

\_\_\_\_\_  
(SIGNATURE) (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

### Name of the Proposer

I, .....being a financial member of Community  
Accessibility Inc. nominate the above nominee to the position of the Community Accessibility  
Inc Committee of Management.

.....  
Signature of proposer Date

### Name of Seconder

I, .....being a financial member of the association, second  
the above nominee to the position of Community Accessibility Committee of Management.

.....  
Signature of seconder Date

**Please forward to: The Committee of Management  
Community Accessibility Inc.  
PO Box 1596  
Wodonga VIC 3689**