

## Individual Nominees Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax: \_\_\_\_\_ (M) \_\_\_\_\_

Nominated Position/s: \_\_\_\_\_

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*Please ensure each nominee completes one of these forms so they can be contacted after the AGM.*

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