

MEMBER BODY DELEGATE NOMINATION & AUTHORISATION FORM

Member Body Info	ormation					
Member Body Name *						
Postal Address *						
Suburb *		State *		Post Code *		
Member Body Del	egate Inform	ation				
Nominated Member Body Delegate Name * Role at Member	3					
Body *						
Phone *		Email Address *				
* Denotes compulso I the undersigned as above hereby appoir above and authorise held 20 April 2021 o	an authorised nt on behalf of the Delegate	the Member Body, to make decisions	the Member B	ody Delegate (De	elegate) detailed	
Authorised Represe Treasurer or as othe					Secretary or	
Name:		Wit	_Witness Name:			
Signature:	nature:S			signature:		
Date: Date:						

MEMBER BODY DELEGATE NOMINATION & AUTHORISATION FORM CLOSE 5.00pm Thursday 15 April 2021

Via the email or mail details on the previous page.