

Nomination form

ClubsNSW

2024 Election of Regional Councillor to the State Council – Vacancy New England Tablelands and North West Region

A completed nomination form must be received by the Returning Officer, NSW Electoral Commission, not later than **12 noon, Tuesday 3 December 2024**.

Completed forms can only be lodged with the Returning Officer by one of the following methods:

- email: ballots@elections.nsw.gov.au
- post: PO Box 693 Grosvenor Place NSW 1220
- hand deliver: NSW Electoral Commission, level 3, 231 Elizabeth Street, Sydney.

Please make an appointment via email to: <u>ballots@elections.nsw.gov.au</u> or telephone 1300 135 736 prior to attending the NSW Electoral Commission office.

You will be advised of the status of your nomination as soon as it is received by the NSW Electoral Commission. However, it is the responsibility of the candidate to ensure that the nomination form has been received by the NSW Electoral Commission.

SURNAME	GIV	'EN NAMES	
FULL RESIDENTIAL ADDRESS			POSTCODE
HOME PHONE	WORK PHONE	MOBILE	
EMAIL	CLUB MEMB	ERSHIP NO. NAME OF CLUB OF WI	HICH I AM A MEMBER
Position nominating for:	Regional Councillor for New Englan	d Tablelands and North West F	Region
A candidate must be a memb by a Member Club situated in	per of a Member Club situated in the region the same region.	on for which the nomination is n	nade and must be nominated
Part B. Nominators detail	s		
I the undersigned being ali			
candidate:	gible and have the Club authority to no		e the above named
candidate:	gible and have the Club authority to no	PHONE	e the above named
candidate: FULL NAME OF NOMINATOR	gible and have the Club authority to no		
candidate: FULL NAME OF NOMINATOR	gible and have the Club authority to no		e the above named POSTCODE
FULL RESIDENTIAL ADDRESS	gible and have the Club authority to noi		POSTCODE
FULL RESIDENTIAL ADDRESS	ION AT CLUB	PHONE NAME OF CLUB OF WI	POSTCODE
FULL NAME OF NOMINATOR FULL RESIDENTIAL ADDRESS CLUB MEMBERSHIP NO. POSIT	ION AT CLUB	PHONE NAME OF CLUB OF WI	POSTCODE
FULL NAME OF NOMINATOR FULL RESIDENTIAL ADDRESS CLUB MEMBERSHIP NO. POSIT SIGNATURE This nomination must be ma	ION AT CLUB	PHONE NAME OF CLUB OF WI	POSTCODE HICH I AM A MEMBER
FULL NAME OF NOMINATOR FULL RESIDENTIAL ADDRESS CLUB MEMBERSHIP NO. POSIT SIGNATURE This nomination must be ma	ION AT CLUB DAT de by or on behalf of a Member Club situ	PHONE NAME OF CLUB OF WI	POSTCODE HICH I AM A MEMBER
FULL NAME OF NOMINATOR FULL RESIDENTIAL ADDRESS CLUB MEMBERSHIP NO. POSIT SIGNATURE This nomination must be ma	ION AT CLUB DAT de by or on behalf of a Member Club situ	PHONE NAME OF CLUB OF WI	POSTCODE HICH I AM A MEMBER

NAME	IIJ SIGNATURE		/ RECEIVED	/	AT	AM/PM		
			,	,				
	NSW ELECTORAL CO	OMMISSION USE ONLY						
SIGNATURE OF CANDIDATE		DATE						
Y		DD / MM / Y	YYY					
ı								
I, being a financial member of the Club, and eligible to nominate for the above position do hereby consent to the nomination.								
		(ONE) GIVEN INAME						
SURNAME		(ONE) GIVEN NAME						
My name should appear on the ballot pa	per as:							
acceptable, or one commonly used name	2.	G			S			
Only one given name and surname will appear on the ballot paper. Recognised abbreviations or derivatives of given names are								
Part C. Candidate's consent								