

Nomination form (State Union)

Electrical Trades Union of Australia - NSW Branch

2024 Election to fill a vacancy for the State Union State Councillor – Supply Authorities

A completed nomination form must be received by the Returning Officer, NSW Electoral Commission, not later than, **12 noon, Monday 8 July 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		GIVEN NAMES	5	
FULL RESIDENTIAL ADDRESS				POSTCODI
POSTAL ADDRESS (IF DIFFERENT F	ROM RESIDENTIAL ADDRESS)			
HOME PHONE	WORK PHONE		MOBILE	
				DD / MM / YYYY
EMAIL			N MEMBER NUMBER	DATE OF BIRTH
Permanent/and or full tin	ne official (tick (✔) box if appli	icable)		
Position nominating for: Stat	e Councillor representing the	e Supply Authoriti	es Section	
Part B. Nominators detail	5			
Part B. Nominators detail				ate for the position as
Part B. Nominators detail	5			ate for the position as
Part B. Nominators detail I, the undersigned, being elig indicated in Part A above:	5			ate for the position as
Part B. Nominators detail , the undersigned, being elig ndicated in Part A above:	5			ate for the position as
Part B. Nominators detail I, the undersigned, being elige Indicated in Part A above: FULL NAME OF NOMINATOR 1 FULL RESIDENTIAL ADDRESS	ble to nominate a candidate,			
Part B. Nominators detail I, the undersigned, being elig Indicated in Part A above: FULL NAME OF NOMINATOR 1 FULL RESIDENTIAL ADDRESS	ble to nominate a candidate,			
Part B. Nominators detail I, the undersigned, being elige Indicated in Part A above: FULL NAME OF NOMINATOR 1 FULL RESIDENTIAL ADDRESS POSTAL ADDRESS (IF DIFFERENT F	ble to nominate a candidate,		ovementioned candid	POSTCODI
Part B. Nominators detail I, the undersigned, being elig indicated in Part A above:	ible to nominate a candidate, of the control of the			POSTCODI
Part B. Nominators detail I, the undersigned, being eligindicated in Part A above: FULL NAME OF NOMINATOR 1 FULL RESIDENTIAL ADDRESS POSTAL ADDRESS (IF DIFFERENT F	ble to nominate a candidate, of the control of the		ovementioned candid	POSTCODI ER NUMBER DD / MM / YYYY
Part B. Nominators detail I, the undersigned, being elige indicated in Part A above: FULL NAME OF NOMINATOR 1 FULL RESIDENTIAL ADDRESS POSTAL ADDRESS (IF DIFFERENT F	ible to nominate a candidate, of the control of the		ovementioned candid	POSTCOD
Part B. Nominators detail I, the undersigned, being eligindicated in Part A above: FULL NAME OF NOMINATOR 1 FULL RESIDENTIAL ADDRESS POSTAL ADDRESS (IF DIFFERENT F	ble to nominate a candidate, of the control of the		ovementioned candid	POSTCOD ER NUMBER DD / MM / YYYY

: ___ AM __ PM

SIGNATURE

NAME

DD / MM / YYYY