



Colostomy Association of Victoria Inc.

Suite 221, 98 Elizabeth St, Melbourne Victoria 3000 Ph 03 9650 1666

ELECTION OF OFFICE BEARERS AND COMMITTEE MEMBERS. REG NO A0018200J

The CAV AGM is held at the CAV PREMISES, 12pm on the LAST WEDNESDAY OF NOVEMBER each year.

Nominations close at midday, 7 days prior to the AGM

Completed nomination forms must be forwarded to The Secretary, Colostomy Association of Victoria
 (03) 9650 4123
 Fax: info@colovic.org.au
 Email: COLOSTOMY ASSOCIATION OF VICTORIA INC
 Post: PO BOX 65, FLINDERS LANE POST OFFICE,
 MELBOURNE, 8009

IMPORTANT INSTRUCTION If you wish to nominate one person for more than one committee position, then a nomination form must be completed for each position. Example – nominating for President and Committee Member requires two nomination forms completed.

PRINTED FULL NAME OF PERSON BEING NOMINATED

- TO THE POSTION OF**
- PRESIDENT** * Nominee must be a member of the C.A.V.
 - VICE PRESIDENT** * Nominee must be a member of the C.A.V.
 - SECRETARY** * Nominee must be a resident of Victoria, Australia.
 - TREASURER** * Nominee must be an Australian Resident.
 - COMMITTEE MEMBER** * Nominee must be an Australian Resident.

To take up responsibilities on December 1, _____ (year)

PROPOSED BY *(must be a current Colostomy Association of Victoria Inc. member)*

PRINTED FULL NAME _____

SIGNATURE _____ DATE _____

SECONDED BY *(must be a current Colostomy Association of Victoria Inc. member)*

PRINTED FULL NAME _____

SIGNATURE _____ DATE _____

ACCEPTANCE OF NOMINATION BY NOMINEE *(please check nomination criteria detailed above *)*

I will accept this role if elected to this position at the A.G.M. of the Colostomy Association of Victoria Inc.

SIGNATURE _____ DATE _____

DATE ON WHICH THIS NOMINATION WAS FINALISED ____ / ____ / ____