|  |  |  |
| --- | --- | --- |
| Member Number  | First Name | Last Name |
|  |  |  |
| Unit/Street No. | Street | Suburb | Post Code |
|  |  |  |  |
| Home Phone No. | Mobile Phone No. | Work Phone No. |
|  |  |  |
| e-mail address (if applicable) |  |

|  |
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| PART 1 – MEMBER NOMINATED AS A CANDIDATE FOR ELECTION AS A DIRECTOR |

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| --- |
| PART 2 - CONSENT TO ACT |

Pursuant to Section 201D of the Corporations Act 2001 (Cth) and Clause 37 of the Constitution of Queensland Stoma Association Ltd 82 438 903 230 (the “Company”), I confirm that I am eligible for election as, and consent to act as a Director of the Company.

**Nominee’s signature**: **Date**:

|  |
| --- |
| PART 3 – PROPOSER AND SECONDER DETAILS |

|  |
| --- |
| Proposer |
| Member No. | Name | Signature | Date |
|  |  |  |  |
| Home Phone No. | Mobile Phone No. | Work Phone No. |
|  |  |  |
| e-mail address (if applicable) |  |

|  |
| --- |
| Seconder |
| Member No. | Name | Signature | Date |
|  |  |  |  |
| Home Phone No. | Mobile Phone No. | Work Phone No. |
|  |  |  |
| e-mail address (if applicable) |  |

***Please submit completed nomination form together with a brief candidate profile to the Company Secretary of QSA Ltd no later than 14 days before the time and date stated in the Notice of Annual General Meeting***

**Post to**: PO Box 370, CHERMSIDE QLD 4032

**Fax to**: 07 3350 1882

**Email to** admin@qldstoma.asn.au