

SCHEDULE H ELECTION OF MANAGEMENT COMMITTEE NOMINATION FORM

NOMINEE'S DETAILS							
Nominated Position							
Surname		Given				Gender:	
Address		Name					
Address							
Suburb		State			Postcode		
Phone			E Mail				
THONE							
Declaration:							
I solemnly affirm that the above particulars are true and correct to the best of my knowledge							
and belief and declare that,							
 have not been convicted at any time of any offence under the act 							
do not have a criminal record.							
have read the latest copy of the constitution and agree to abide by the Rules of ISWA							
and any bylaws that Management Committee may establish time to time							
agree to abide with ISWA code of conduct							
have no conflict of or have declared any conflict of interest to ISWA secretary prior to							
sending i	sending in my nomination						
 understa 	• understand that if elected for the position of office holder (President, Vice-President,						
Secretary or Treasurer) , I must resign from any positions held in my represented							
associat	association within four months of my election and formally inform ISWA MC prior						

to performing any executive function in ISWA.

NOTES:

- 1. The Proposer and Seconder must be a Life Member or Council member of ISWA.
- 2. Members can be nominated in a maximum of one position only. Nomination for more than one position will automatically disqualify the member for all positions.
- 3. Nomination Form to reach the Returning Officer before the closing time and date.
- 4. Incomplete Forms, in any form whatsoever, will result in an invalid nomination

Signature of Nominee	Date	
Name of Proposer		
Signature of the Proposer	Date	
Name of Seconder		
Signature of the Seconder	Date	

FOR THE USE of RETURNING OFFICER:							
NOMINATION STATUS:		Approved 🛛	Rejected 🗆				
Reason for Rejection:							
Signature of RO			Date				