

**SCHEDULE I**  
**NOMINATION OF REPRESENTATIVE OF**  
**ASSOCIATION MEMBER TO ISWA COUNCIL**

NOMINEE'S DETAILS				
<b>NAME OF ASSOCIATION MEMBER</b>				
<b>FULL NAME OF NOMINEE MEMBER</b>				Gender:
<b>ADDRESS</b>				
Suburb :		State :	Postcode:	
Phone :		E Mail :		
<p><b>Declaration:</b></p> <p>I solemnly affirm that the above particulars are true and correct to the best of my knowledge and belief and declare that,</p> <ul style="list-style-type: none"> <li>• have not been convicted at any time of any offence under the act</li> <li>• do not have a criminal record.</li> <li>• have read the Rules of ISWA.</li> <li>• to abide by the Rules of ISWA and any bylaws that Management Committee may establish time to time</li> </ul> <p><b>Signature of Nominee :</b></p> <p><b>Date :</b></p> <p><b>NOTE:</b></p> <p>Please read ISWA Code of Conduct for representative nominations to ISWA Council as per eligibility criteria:</p> <p>Financial membership of 30 or more but less than or equal to 300 – one representative.            Financial membership of more than 300 but less than or equal to 500 – two representatives.            Financial membership of more than 500– three representatives.</p>				
<b>Name of the President / Chair Person / Trustee</b>				
<b>Sign / Date</b>				
<b>Name of the Secretary / Trustee</b>				
<b>Sign / Date</b>				
FOR OFFICE USE ONLY:				
<b>NOMINATION ACCEPTANCE STATUS:</b> <b>Approved</b> <input type="checkbox"/> <b>Rejected</b> <input type="checkbox"/>				
DATE:		MEMBERSHIP NUMBER (If Applicable )		
REGISTER UPDATE <input type="checkbox"/>	DATE		SIGN	