

Public Service Association of NSW
**NOMINATION FORM
FOR DEPARTMENTAL
COMMITTEES**

Please indicate clearly the Electorate being nominated for

DEPARTMENTAL COMMITTEE _____

ELECTORATE WITHIN DEPARTMENTAL COMMITTEE _____

We the undersigned financial members of the abovementioned Electorate of the Public Service Association of New South Wales, do hereby nominate:

NAME (in full — please print) _____

DEPARTMENTAL AUTHORITY _____

CANDIDATE'S WORK LOCATION _____

CANDIDATE'S RESIDENTIAL POSTAL ADDRESS _____

POSTCODE _____ PHONE (9-5) _____

Dated this _____ day of _____ 199

1. Nominator — Print name _____ Signature _____

2. Seconder — Print name _____ Signature _____

I hereby consent to my nomination — Signature of candidate _____

ELIGIBILITY

Members eligible for election as a departmental representative on a Departmental Committee shall be all members in the Department who are financial members of the Public Service Association.

CANDIDATE INFORMATION — Fill in form overleaf

If, in the event of a ballot, you wish to have candidate information distributed with the balloting material please complete the section on the other side of this form.

Note: Failure to provide information on the nomination form could result in no information being provided, if a ballot is required.

RECEIPT TO BE RETURNED TO CANDIDATE BY RETURNING OFFICER

TO (Candidate): _____

I hereby confirm receipt of your nomination for the _____

Departmental Committee _____ Electorate _____

on _____ 199

Returning Officer

