

# Hepatitis Queensland Inc

**NOMINATION FORM**

I am available for nomination to serve as a **BOARD MEMBER** with Hepatitis Queensland Inc.

**Nominee** Full Name: *……………………………………………………………………* Signature: *…………………………………………* Date: *….*./*…*../*…..*

|  |  |
| --- | --- |
| **For position of:** |  |
| Chairperson | Vice Chairperson | Secretary |
| Treasurer | Public Officer | Ordinary Member |

 **Nominated by:**

Full Name: *…………………………………………………………………………….*... Signature: *……………………………………………* Date: *….*./*…*../*…..*

## For Office Use only:

## Seconder to nomination:

Full Name: *………………………………………………………………………………..* Signature: *…………………………………………..* Date: *……*/*…*../*…..*

Please return to Returning Officer, Hepatitis Queensland Inc., PO Box 230 RBH, Herston, QLD 4029

Ph: 07 38460020 Email: info@hepqld.asn.au