



DIRECTOR NOMINATION FORM FOR 2011-2012

The positions for which nominations may be made are:

- CHAIR OR DEPUTY CHAIR (1)
- DIRECTORS (6)

We, being current members of ICLA, nominate and second:

NAME

Address.....

Postcode..... Phone..... Email.....

For the position of.....

NOMINATOR'S NAME & SIGNATURE

SECONDER'S NAME & SIGNATURE

I accept nomination for the position as above.

SIGNATURE.....DATE.....

Must be received at ICLA by 5pm, 20th November 2011 and must be accompanied by the CV of Nominee.

Return to ICLA, Suite 76, Level 7, 8-24 Kippax Street, Surry Hills NSW 2010, fax (02) 9281 3339



CURRICULUM VITAE OF NOMINEE (For inclusion with Nomination Form)

Name.....

Date of Birth..... (As per ASIC requirements)

Place of Birth (town/city)..... (As per ASIC requirements)

Place of Birth (state/country)..... (As per ASIC requirements)

Former Name (if changed by deed poll or marriage)..... (As per ASIC requirements)

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Address.....Postcode.....

Telephone.....Fax.....Email.....

Occupation.....

Positions presently held in other Organisations.....

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Major Interests.....

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Areas of expertise as relates to ICLA.....

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Reasons for Nomination.....

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Other Comments.....

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