



## BOARD OF DIRECTORS NOMINATION FORM

The positions for which nominations may be made are:

- CHAIR (1)
- DEPUTY CHAIR (1)
- SECRETARY (1)
- TREASURER (1)
- DIRECTORS (5)

***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, 19th November 2010 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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