NOMINATION FORM

United Firefighters' Union of Australia

Australian Capital Territory Branch

		We, the undersigned eligible members of the UFUA ACT Branch, nominate:	
CANDIDATE: (print candidate's full name and member number)			
For the office of: (print name of office as shown in Election Notice)			
NOMINATORS: NOTE: A candidate must be nomi Full Name (block letters)	inated by at least two (2)	eligible financial members of the ACT Branch. Signature	Date
Candidate's consent: (Print your name as you wish it to appear on the ballot paper)	I, Consent to nomination for the above office for which I am eligible under the rules. Salutation: Please indicate preferred salutation, e.g. Mr, Mrs, Miss, Ms		
Postal address:			
Contact details:	Postcode: Email address (This is the preferred method of contact with candidates. Please print clearly):		
	Work ph: Mobile ph:	Home ph: Fax:	
Signature and date:	woolle pii.	ı ax.	
	Signed:		/

NOTE:

- Nominations open on 11 January 2016 and must reach the Returning Officer at the office or postal address shown below, not later than 12 noon on 1 February 2016. Nominations cannot be withdrawn after 12 noon 8 February 2016.
- 2. Prospective candidates and nominators should verify their financial status and any other qualifications required by the Union's rules prior to lodging nominations.
- 3. As a candidate you will receive an acknowledgment that this nomination form has been lodged. It is your responsibility to ensure that your nomination is received by the Returning Officer **before** nominations close.

HOW TO LODGE NOMINATION

By Post: Australian Electoral Commission, PO Box 496 HAYMARKET NSW 1240.

By Fax: 02 6215 9910

By Hand: Australian Electoral Commission, Level 10, 59 Goulburn Street, HAYMARKET NSW 2000

By Email: A properly completed nomination form including all necessary signatures and attachments may be scanned and

submitted as a pdf file to nswelections@aec.gov.au. Note: emails greater than 6 MB may not be accepted the

AEC's firewall.

