



CATHOLIC SOCIAL SERVICES AUSTRALIA

NOMINATION FORM FOR ELECTION TO THE BOARD 2014

I, _____
(Full Name)

Delegate or employee of _____
(Name of CSSA Member Organisation)

nominate to stand for election to the position of Member Representative to the Board of Catholic Social Services Australia.

Signed: _____

Date: _____

Moved: _____
(Name of Authorised Delegate) (PLEASE PRINT)

Delegate of _____
(Name of CSSA "Ordinary" Member Organisation)

Signature _____

Seconded: _____
(Name of Authorised Delegate) (PLEASE PRINT)

Delegate of _____
(Name of CSSA "Ordinary" Member Organisation)

Signature _____

The Nomination Form is to be returned by post, email or by facsimile as follows:

Post: Chief Executive Officer, CSSA, PO Box 326, Curtin, ACT, 2605
Fax: (02) 6285 2399 or **Email:** marcelle.mogg@cssa.org.au

**Nomination Forms must be received by 5.00pm (AEST)
Friday, 12th September 2014**