

Nomination Form

TCF SA Union Scheduled Election

CANDIDATE:

Full Name (print clearly)

Membership Number

(Print clearly)

For the office of:

(Print clearly)

Location:

(Division/Electorate)

Name for Ballot Paper: (Print your name as you wish it to appear on the ballot paper)

CANDIDATE'S CONSENT

I, _____ (print your name) consent to the nomination for the above office. I declare that I am eligible under the rules and am not disqualified from being a candidate [see Chapter 7, Part 4 of the *Fair Work (Registered Organisations) Act 2009*].

Please indicate preferred title e.g. Mr, Mrs, Miss, Ms _____

Personal email: _____

Address: _____ Suburb _____ Postcode _____

Phone: _____

Signed: _____ Date: ___ / ___ / ___