## BOARD NOMINATION FORM

**ELECTION TO BOARD NOMINATION FORM**

**Nominee details\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Member organisation** |  | | |
| **Address** |  | | |
| **Phone (work)** |  | **(mobile)** |  |
| **Email** |  | | |

**Nominated by\*:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Member organisation** |  |
| **Address** |  |
| **Email** |  |
| **Signature** |  |
| **Date** |  |

*\*Nominees and proposers must be from current financial and ordinary member organisations. Refer to the* [*2023 NADA constitution*](https://nada.org.au/wp-content/uploads/2023/08/NADA-Constitution-2023.pdf) *for more information.*

**Nominee signature:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following:

* I accept the above nomination for election to the NADA Board.
* The organisation I represent is a current financial member of NADA.
* I hereby declare that I am not on the Disqualified Persons Register with ASIC or ACNC

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

## PROFILE OF NOMINEE

*Please complete the profile below including details of your experience and interests which will appear on voting material at the AGM.*

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position Title** |  |

**Detail your background, skills, knowledge and personal experience (including board experience):**  
*Max 250 word limit*

|  |
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|  |

**Why are you seeking a position on the Board of the Network of alcohol and other drugs agencies?***Max 200 word limit*

|  |
| --- |
|  |

*Nominations must be emailed to:*

***The NADA Secretariat, admin@nada.org.au by close of business on 13 October 2023.***

|  |  |  |
| --- | --- | --- |
| **For office use** | | |
| NADA staff sighted | **Signature:** | **Date:** |