



South West Autism Network Inc ANNUAL GENERAL MEETING

BOARD NOMINATION FORM

I, _____

hereby nominate myself for election to the SWAN Board at the Annual General Meeting, to be held from 1.30pm on Thursday 26th November 2015 at the Disability Services Commission Meeting Room, Unit 2, 88 Kent St, Busselton WA 6280.

Full Name:			
Occupation:			
Address			
Telephone:			
Email:			
Board Position Nominating For: (please circle)	President	Vice President	Secretary
	Treasurer	General Board Member	
The experience and skills that I will bring to the Board should I be elected are:			
Signature		Date:	
Endorsed by registered SWAN Member:			
Full Name:			
Address:			
Telephone:			
Email:			
Signature		Date:	

Please return your completed nomination form to:

South West Autism Network Inc	
Email: info@swanautism.org.au	
Mail: South West Autism Network PO Box 1739 Busselton WA 6280	Office: 39 Kent St Busselton WA 6280

*** Forms must be received by SWAN a minimum of 7 days prior to the AGM. ***