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|  | **South West Autism Network Inc**  **Annual General Meeting** |

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| **Board Nomination Form** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nominate for election to the South West Autism Network Inc (SWAN) Board at the Annual General Meeting, to be held from 6.00pm Tuesday 7th December 2021 via Zoom online.

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| --- | --- | --- | --- | --- | --- |
| **Full Name:** | |  | | | |
| **Occupation:** | |  | | | |
| **Address** | |  | | | |
|  | | | |
| **Telephone:** | |  | | | |
| **Email:** | |  | | | |
| **Board Position I am nominating for:**  (please circle) | | President | Vice President | Secretary | |
| Treasurer | General Board Member | Youth Representative | |
| **The skills and knowledge that I will bring to the Board if elected are:** | | | | | |
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|  | | | | | |
|  | | | | | |
| **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](mailto:info@swanautism.org.au)

Mail: South West Autism Network

PO Box 1739

Busselton WA 6280

Phone: 0499 819 038

\* If you are unable to return your completed form prior to the AGM, please contact SWAN to advise that you will be nominating. \*