



**SCHEDULE 2  
NOMINATION FOR COMMITTEE POSITION**

Name	
Membership Number	Expiry ..... / ..... / .....
Nominating Full Member	
Seconding Full Member	
Committee Position	
Nomination Date	
Restrictions Under Subclause 9.2.2*	

Proposal of Nomination

Seconding of Nomination

I confirm that the above person, who is a Full Member, is nominated by the above Full Member for the above Committee Position.

I confirm that the above person, who is a Full Member, is seconded by the above Full Member for the above Committee Position.

Signed: \_\_\_\_\_  
(Signature)

Signed: \_\_\_\_\_  
(Signature)

Statement by Nominee

- As the person named above, I hereby accept nomination for the above position on the Committee and:
- declare that none of the restrictions listed in subclause 9.2.1 apply;
  - declare that I have included\* any restrictions listed in subclause 9.2.2 that apply; and
  - submit the following statement in support of my nomination, including details of my qualifications, experience and expected contributions:

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_