

Women with Disabilities WA Inc

ABN: 88 362 290 380

Management Committee Nomination Form 2018

Committee Members are elected for 1 year and can nominate for re-election at the next Annual General Meeting.

Name: _____

Address: _____

_____ Postcode _____

Telephone: Work _____ Home _____

Mobile: _____

Email _____

I wish to nominate for the position of

<input type="checkbox"/>	Chairperson
<input type="checkbox"/>	Secretary
<input type="checkbox"/>	Treasurer
<input type="checkbox"/>	Committee Members (5)

Please Note:

All members of the committee:

- Must be a full member of Women With Disabilities WA Inc (women with disabilities who live in Western Australia);
- Must support the aims of the Association; and
- Must take part in governance and management issues of WWDWA Inc.

You can ask for a copy of the Constitution and the Roles and Responsibilities of Committee Members and the WWDWA Inc Code of Conduct to be sent to you or you can download them at wwdwa.org.au/publications.

You need to have your nomination seconded by a Women With Disabilities WA Inc member. We can arrange this for you.

Please return the nomination form to WWDWA Inc, 320 Rokeby Road, SUBIACO, WA 6008 or info@wwdwa.org.au. Contact WWDWA Inc by email or on 94577849 if you need help to fill out the form or you need any other information.

New Committee Members, please answer these questions.

What personal and/or professional skills do you have that will help the organisation?

Please list any committees you have been on (note: previous experiences of being on committees is not necessary)

I have read and understand the Roles and Responsibilities of Committee Members and the WWDWA Inc Code of Conduct and agree to follow the rules in these documents.

Signature: _____

Seconded: _____

Date: _____