

# Women with Disabilities WA Inc

ABN: 88 362 290 380

## Management Committee Nomination Form 2019

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](http://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](mailto: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?

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

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**I have read and understand the Roles and Responsibilities of Committee Members and agree to follow the rules.**

Signature: \_\_\_\_\_

Seconded: \_\_\_\_\_

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