

autismNT

BOARD NOMINATION FORM

Nomination forms should be completed by two current Autism NT members of the association. Nomination forms should be received by the Autism NT office before the close of business on **Wednesday 28th February 2024**

	Name	Address	Signature
Nominee:			
Nominator:			
Secunder:			

Please specify for which position you are nominating.

- Chairperson Secretary
 Treasurer General Board Member

I, _____ accept the above nomination for the specified position on the Autism NT Management Committee.

- I confirm I am a current financial member of Autism NT

Signed: _____ Date: __ / __ / 2024