

**Nomination Form DEAI 9th AGM, 19th November 2018**

All DEAI members holding full membership with the DEAI are invited to nominate to be a member of the DEAI Committee 2018-2019.

Associate members and Students members are not able to vote.

The role of an Executive Committee Member is for a 1 year term. Please visit the DEAI Website for information on the [Roles and Responsibilities of Committee Members](http://www.deai.com.au/about/the-deai-committee).

The role of a Committee Member is for a 2 year term (2 student members are continuing hence there are no further vacancies for students this coming year).

All nominations must be received by **Friday 16th November**. Please return this form to: [contact@deai.com.au](mailto:contact@deai.com.au) or PO Box 386, Christies Beach SA 5165.

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

Nominate myself for the position of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or**

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

Nominate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the position of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have sought consent from the person I am nominating:  Yes

**Positions available:**

Executive Committee Member:

1. Chair Person
2. Deputy Chair Person
3. Treasurer & Membership Secretary
4. Secretary

Committee Member (8 roles available)

**I accept this nomination for a position on the DEAI Committee 2018-2019** *(Sign at the AGM).*

Signature of Nominee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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