

RIDING FOR THE DISABLED ASSOCIATION OF VICTORIA

BOARD NOMINATION Form



Name of Nominee: _____

Address: _____

Postcode: _____ Telephone: _____ Email: _____

PLEASE NOTE: All Nominations must have TWO nominators – a proposer and a seconder.

We wish to nominate: _____

Name of proposer: _____

Signature: _____ Date: _____

(Current financial member)

Name of seconder: _____

Signature: _____ Date: _____

(Current financial member)

I am willing to accept nomination to the RDAV Board, for an appointment by the Boards choosing.

Name of nominee: _____

Signature: _____ Date: _____

Please return **NOMINATION FORM** along with a **BOARD APPLICATION FORM**

To

admin@rdav.asn.au

President, RDA Victoria

400 Epsom Rd. Flemington, Victoria 3031

***Positions are appointed by the Board which include President, Vice-President, Secretary, Treasurer, Chair Coaching Committee and Ordinary Member.**



Board Application Form

Please complete this form and return to the State Office by 30th October 2014

Name _____ Phone _____

Relevant community experience, employment, skills (please attach a resume if relevant):

Why are you interested in serving as a Board Director of RDA Victoria?

Area(s) of expertise/contributions you feel you can make to RDA Victoria as a Board Director:

Other current volunteer commitments:

*** Rules: " Nominees for elected Board Member Positions must declare any position they hold in an Affiliated Centre, including as an officer (howsoever described), a Committee of Management member or a full time Employee."*

For Board Development Committee use:

Nominee interviewed by Member ____/____/_____

Action taken by the board: