

Nomination form for the election of office bearers and committee members of Tourette Syndrome Association of Australia Inc. (TSAA)

Completed nomination forms should be delivered to The Secretary, secretary@tourette.org.au **at least 7 days before** the Annual General Meeting at which the election is to take place on 12 October 2023. You may deliver the signed form to the email address above with a photograph or scan of the completed form.

As per the rules of the TSAA’s constitution, all nominations for committee positions must be supported by two (2) other current members of the Association. If you are having difficulty finding two people to support your nomination, please contact the Secretary.

We, [name and TSAA membership number of proposer 1]

.....
and [name and TSAA membership number of proposer 2]

.....
wish to nominate [name of candidate]

.....
for the following position/s on the committee of the Association.

(Please tick all that apply. Note that a committee member may hold up to 2 positions, other than the positions of both the president and vice-president.)

<input type="checkbox"/> President	<input type="checkbox"/> Vice President	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Secretary	<input type="checkbox"/> General Committee Member	

The position of Public Officer is appointed (not elected) and remains in office until a new appointment is made and registered with NSW Fair Trading. (This is specified in the Associations Incorporation Act.)

Signature of Proposer 1:

Signature of Proposer 2:

Consent of Candidate

I, am willing to take on this role if I am elected to this position at the Annual General Meeting of the Association. I understand that in agreeing to this nomination, I have met the following conditions and/or agree to the following statements:

- I have read [the role and responsibilities of the committee and committee members under the NSW Incorporated Associations Act 2009](#) and understand the [requirements and responsibilities of the committee and the position/s for which I nominate](#).
- I am able to attend committee meetings of the Association, held monthly.
- I have the appropriate skills, knowledge and time to be able to support the administrative functions of the Association in a committee position.
- Within 4 weeks of my nomination I will provide the Association with the details of my Working With Children Check (or equivalent), Director’s ID (available through MyGov), complete the TSAA’s Child Safety & Wellbeing training and return all signed on boarding documents as instructed by the Secretary

Signature of candidate:

TSAA membership number:

Date:

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COMMITTEE USE ONLY

Nomination received by [name]

Date

Position