



NOMINATION FORM

I / we wish to make
the following nomination for the position of: **Treasurer**

Nominees Name:

Nominees Council Affiliation:

The nominee agrees to accept such nomination in accordance with the Constitution and
Bye-Laws of ILCOR.

Nominee's Signature:

Date:

Delegates Signature:

Delegates Council Affiliation:

Date:

**Nominations must be received by the Hon. Secretary anytime PRIOR to the
commencement of the ILCOR business meeting of the 10th May 2011.**

Nominations can be received in person, fax or email.

Email: ian.jacobs@uwa.edu.au

Fax: +61 8 9386 3069