



AUSTRALIAN POLL DORSET ASSOCIATION INC

APDA DIRECTOR NOMINATION FORM

I/We hereby nominate _____
(BLOCK LETTERS)

Of _____

who is a financial full or associate member of this Association and consents to this nomination
for the position of Director

Proposed by Name _____
(BLOCK LETTERS)

Address _____

Signature of Proposer _____

Seconded by Name _____
(BLOCK LETTERS)

Address _____

Signature of Seconder _____

I hereby agree to this nomination _____
(SIGNATURE OF NOMINEE)

PLEASE NOTE: A nomination form must be signed by the nominee and two nominators and all three must be Full or Associate Members of the Association and reside within the State in which an election is to be held. Please see Rule 7 - Elections (page 24 of the Flock Register) for further information.

GENERAL INFORMATION

1. Completed nominations must be received by the Secretary no later than Monday July 1 2014
2. If the number of nominations exceeds the required number of Directors for that state, a secret postal ballot will be conducted

Nominations can be mailed, emailed or faxed to the APDA Secretariat on
Fax 08 8231 4173 or PO Box 108 GOODWOOD SA 5034
secretary@polldorset.org.au