

DIRECTOR NOMINATION FORM

We, the Proposer and Seconder whose signatures appear below, being members of the Motor Neurone Disease Association of Queensland Inc. ("the Association") hereby nominate:

[full name].....

for election at the Annual General Meeting of the Association to be held on **Saturday, 28 May 2022** (or at any adjournment thereof) to serve on the Management Committee of the Association in the following role:

.....
Insert position nominated for – NB: positions available for nomination are: President, Treasurer, Secretary and Ordinary Member (Director)

.....
Signature of Proposer

.....
Signature of Seconder

.....
Name of Proposer in full

.....
Name of Seconder in full

Date:

Date:

CONSENT TO NOMINATION

To The Secretary,
Motor Neurone Disease Association of Queensland Inc.

I, [full name].....,

of [address]

hereby consent to be nominated for election or appointment to the Management Committee of the Motor Neurone Disease Association of Queensland Inc. ("the Association") for the position(s) mentioned above.

My date of birth is

I confirm that I am a financial member of the Association and that I know of no reason why I would be disqualified from election or appointment.

Signed: _____ Date: _____

HOW TO LODGE NOMINATION FORMS: Please return the fully signed nomination form to the Secretary at least fourteen days before the AGM (that is, on or before Friday, 13 May 2022) as follows:

Delivery: 1/89 Factory Road, Oxley QLD 4075
Post: PO Box 470, Inala QLD 4077
Email: info@mndaq.org.au