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## NOMINATION FORM FOR COMMITTEE 2014

Nominees, nominators and seconders **must be financial members** of the Epilepsy Tasmania. For further information about the positions, please contact 6344 6881 or [admin@epilepsytasmania.org.au](mailto:admin@epilepsytasmania.org.au)

Form can be faxed or emailed to our office.

Please fill out all details in capital letters.

### Position (please tick)

President ( ) Vice-President ( ) Secretary ( ) Committee Member ( )

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

I consent to this nomination: Signed \_\_\_\_\_

Date: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

September 2014