



**NOMINATION OF CANDIDATE FOR THE APPOINTMENT TO THE
ALL AUSTRALIAN SELECTION COMMITTEE**

NOMINATING MEMBER'S DECLARATION

I/We Member Number

Hereby nominate with Member Number
(Name) (Member Number)

for the All Australian Selection Committee and declare that the details supporting the nomination are correct.
I/We are fully paid up Members of Holstein Australia for the 2019/20 subscription year.

Signed: Name:

Date:

CANDIDATE'S DECLARATION

I accept this nomination for a (3) three year term on the All Australian Selection Committee and declare that the details supporting my nomination are correct. I further agree to abide by the rules of Holstein Australia in the appointment of the All Australian Selection Committee members. I am a fully paid up Member of Holstein Australia for the 2019/20 subscription year. I authorise Holstein Australia to provide the information contained in my resume attached to the Strategic Direction Committee for the purpose (only) of the conduct of appointment of All Australian Selection Committee.

FULL NAME: MEMBER NUMBER:

RESIDENTIAL ADDRESS:

TEL. NO.: MOBILE NO.:

FAX NO.: EMAIL ADDRESS:

.....
Signature of Candidate

.....
Date

**Please supply a resume of a maximum 150 words in support of this candidature which describes
your career and your vision of the future of the Association.**

**THIS FORM AND THE RESUME MUST BE RECEIVED AT THE HOLSTEIN AUSTRALIA OFFICE BY
THE CLOSE OF BUSINESS, 12 AUGUST 2019.**