

NOMINATION OF CANDIDATE FOR THE ELECTION TO THE NATIONAL BOARD

NOMINATING MEMBER'S DECLARATION

I/We	Member Number
Hereby nominate	with Member Number
for election to the National Board and declard are fully paid up Members of Holstein Austra	e that the details supporting the nomination are correct. I/We lia for the 2018/19 subscription year.
Signed:	Name:
Date:	
CANDIDATE'S DECLARATION	
I accept this nomination for a (3) three year term on the National Board and declare that the details supporting my nomination are correct. I further agree to abide by the rules of Holstein Australia in the election of National Board members. Further, that I agree to act in compliance with the Corporations Act. I am a fully paid up Member of Holstein Australia for the 2018/19 subscription year. I authorise Holstein Australia to provide the information contained in my resume attached to HA members for the purpose (only) of the conduct of elections of Board Members.	
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 will be circulated to members eligible to vote in the event a ballot is required.

THIS FORM AND THE RESUME MUST BE RECEIVED AT THE HOLSTEIN AUSTRALIA OFFICE BY THE CLOSE OF BUSINESS, 11 OCTOBER 2018.