

Limbs 4 Life Inc. Board Member Nomination Form 2020

Nomination

I, the undersigned Nominee, being a current member of Limbs 4 Life Inc., am nominating for the position of Limbs 4 Life Board Member.

Nominee

Name: _____ DoB: _____

Telephone: _____

Email: _____

Residential address: _____

Signature: _____

Position you are nominating for: _____

I, the undersigned, being a current member of Limbs 4 Life Inc., nominate the above signed nominee for election to the position of Limbs 4 Life Board Member.

Proposer

Name: _____ Telephone: _____

Email: _____

Signature: _____

I, the undersigned, being a current member of Limbs 4 Life Inc., second the above signed nominee for election to the position of Limbs 4 Life Board Member.

Secunder

Name: _____ Telephone: _____

Email: _____

Signature: _____

Completed forms must be returned by 5.00pm AEDT Monday 9 November 2020 to:

Melissa Noonan, Secretary

Limbs 4 Life Inc.

Address: Building 97, 45 Gilby Road, Mount Waverley VIC 3149

Email: melissa@limbs4life.org.au