

Team Nomination Attachment – Consent to Act

Australian Municipal, Administrative, Clerical and Services Union Western Australia Branch

Scheduled Election - Branch Quadrennial Elections E2023/35 Stage 1

CANDIDATE:

Full Name (Print clearly)

Membership Number:

(Print clearly)

For the office of:

(Print name of office as shown in the Election Notice)

Location/Branch:

Western Australia Branch

Name for ballot paper:

Print your name as you wish it to appear on the ballot paper.

CANDIDATE'S CONSENT

I, _____ (print your name) consent to the
Team nomination.

for the above office as part of the _____
Team.

I declare that I am eligible under the rules and am not disqualified from being a candidate [see
Chapter VII, Part 4 of the *Fair Work (Registered Organisations) Act 2009*].

Please indicate preferred title e.g., Mr, Mrs, Miss, Ms _____ Gender: Male / Female
(Please circle)

Email: _____ Phone: _____
(this is the preferred method of contact with candidates please print clearly)

Signed: _____