Team Nomination Attachment – Consent to Act

Australian Municipal, Administrative, Clerical and Services Union Victorian and Tasmanian Authorities and Services Branch Scheduled Election - Branch Quadrennial Elections E2023/35 – Stage 1

CANDIDATE:			
Full Name (Print clearly)			
Membership Number (Print clearly)	r:		
For the office of: (Print name of office as s	shown in the Election Notice)		
Location/Branch:	/Branch: Victorian and Tasmanian Authorities and Services Branch		
Name for ballot pape Print your name as you v	er: wish it to appear on the ballot paper.		
CANDIDATE'S CON	NSENT	(print v	your name) consent to the
Team nomination.		(Pilit y	our name, consent to the
for the above office as Team.	s part of the		
1	gible under the rules and am not disquathe the Fair Work (Registered Organisation		ng a candidate [see
Please indicate prefer	rred title e.g., Mr, Mrs, Miss, Ms	_ Gender:	Male / Female (Please circle)
Email:		Phone:	
	od of contact with candidates please print clearly)	- //	
Signed:			/ /