



## Nomination for Election as Officer or Committee Member

I \_\_\_\_\_  
(Candidate's Name in Block Capitals) Being a member of PCI

Of	
Address Line 1	Suburb
Address Line 2	State & Postcode
Email Address	Phone

### Consent to nomination for the position of

President  Treasurer  Vice President  Secretary  Ordinary Committee Member  (Tick all applicable)

Candidate's signature	Date
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### I propose the candidate

(First Name printed)	(Second Name printed)
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Being a member of PCI

Proposer's signature	Date
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### I second the candidate

(First Name printed)	(Second Name printed)
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Being a member of PCI

Seconder's signature	Date
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Return to the Secretary 7 days before the General Meeting at [sec@pyrmontcare.org.au](mailto:sec@pyrmontcare.org.au)