Outlook (Aust) Ltd invites nominations for Directors for the Outlook Board. Vacant Director positions on the Board are filled at the AGM in October each year. Any extra ordinary vacancy of a Director’s position may be filled at any time by the Board.

**Nomination for Board Director Position:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I,** |  | | | | | | | | | | | |
| ***(name of member proposing the nomination)*** | | | | | | | | | | | | |
|  | | ***of*** | | | | | | | | | | |
| Address: | | |  | | | | | | | | | |
|  | | |  | | | | Post Code: | | | | |  |
| Contact No: | | |  | Email: |  | | | | | | | |
|  | | | | | | | | | | | | |
| Signature: | | |  | | | | | |  | Date: |  | |
|  | | | | | | | | | | | | |
| **And I,** |  | | | | | | | | | | | |
| ***(name of member seconding the nomination)*** | | | | | | | | | | | | |
| ***of*** | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | |
|  | | |  | | | | Post Code: | | | | |  |
| Contact No: | | |  | Email: | |  | | | | | | |
|  | | | | | | | | | | | | |
| Signature: | | |  | | | | |  | | Date: |  | |
|  | | |  | | | | | | |  | | |
| ***Propose and Second the nomination of the nominee, named below, for a position as a Director on the Outlook Board.*** | | | | | | | | | | | | |

**Nomination Acceptance:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, | |  | | | | | | | |
|  | | | *(nominee name)* | | | | | | |
|  | | | ***of*** | | | | | | |
| Address: | |  | | | | | | |
|  | |  | | | Post Code: | | |  |
| Contact No: | |  | Email: |  | | | | |
|  | | | | | | | | |
| Signature: | |  | | | |  | Date: |  |
| ***Accept the nomination*** | | | | | |  |  |  |

**Note – Nomination Forms must be received by the Secretary not later than 5.00 pm 7 days before the AGM at which nominations are to be considered.**

**Nomination for Office Bearer Position:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I,** |  | | | | | | | | | |
| ***(name of Board Director proposing the nomination)*** | | | | | | | | | | |
|  | | ***of*** | | | | | | | | |
| Address: | | |  | | | | | | | |
|  | | |  | | | Post Code: | | | |  |
| Contact No: | | |  | Email: |  | | | | | |
|  | | | | | | | | | | |
| Signature: | | |  | | | |  | Date: |  | |
|  | | | | | | | | | | |

|  |  |
| --- | --- |
| wish to nominate the person named below for the following Office Bearer position.  Please tick (✓) as appropriate: | |
| 🞎 | Chair (must be a Board Director) |
| 🞎 | Deputy Chair (must be a Board Director) |
| 🞎 | Treasurer (must be a Board Director) |
| 🞎 | Secretary (may be a Board Director or a member) |

**Nomination Acceptance:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, | |  | | | | | | | |
|  | | | *(nominee name)* | | | | | | |
|  | | | ***of*** | | | | | | |
| Address: | |  | | | | | | |
|  | |  | | | Post Code: | | |  |
| Contact No: | |  | Email: |  | | | | |
|  | | | | | | | | |
| Signature: | |  | | | |  | Date: |  |
| ***Accept the nomination*** | | | | | |  |  |  |

**Note – If a person is nominated for more than one Office Bearer position a separate Nomination Form must be submitted for each position.**

**Written nominations must be received by the Secretary at least 24 hours before the meeting at which Office Bearer positions are to be considered.**