



FEDERATION OF PARENTS AND CITIZENS' ASSOCIATIONS OF NEW SOUTH WALES

2010 COUNCILLOR ELECTION

NOMINATION FORM FOR CENTRAL COAST SUB-REGION 2010

We nominate: (Print Name) Mr/Mrs/Ms

Who is a delegate to this regional council representing.....

NOMINATOR: (Print Name)

Signature:

Region:

SECONDER: (Print Name)

Signature:

Region:

CANDIDATE: (Print Name)

Signature:

Region:

Address:

Postcode:

Telephone – Home: ().....Work: ().....Mobile:

Fax: ()..... Email:

I accept nomination for the position of..... and, if elected, will accept the responsibilities and duties of that position and abide by Federation's Code of Conduct. I also agree that Federation may publish my name and contact details in its official publications from time to time.

DECLARATION OF REGIONAL / SUBREGIONAL COUNCIL (to be filled in by the Secretary of the Regional/ Sub-Regional Council)

The nominee, above named, is an authorized delegate to the Central Coats Sub Regional Council

..... (Please print name) (Signature)

PLEASE PRINT ALL NAMES AND ADDRESSES EXCEPT FOR SIGNATURES