**CORPORATION: Barkly Region Alcohol and Drug Abuse Advisory Group Aboriginal Corporation**

**ICN: 8618**

**Nomination of director**

I,…………………………………………………………. (Full name of member) of.……………………………………………….. (Address)

Email Contact ………………………………………………………………………………………………………………………………….

being a member of Barkly Region Alcohol and Drug Abuse Advisory Group Aboriginal Corporation

Nominate …………………………………………………………………………………………………..(Full name of member)

of ……………………………………………………………………………………………………………………………. (Address)

as a director of the corporation in a general meeting to be held on **01/ 11/ 2024** and at any adjournment of that meeting.

Signature of the member nominating

date

**All members who wish to be a director need to nominate not less than seven (7) days before a General Meeting and have their nomination endorsed by a member of the corporation.**

**Nomination forms can be submitted:**

**By hand to 21 Thomson Street**

**Or By email:** **info@bradaag.org.au**