**Appendix 6 – Examples of Nomination Forms**



**NOMINATION FORM**

**[insert name of Branch Committee] 20XX**

Name of nominee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_\_Expires: \_\_\_/\_\_\_/\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*'By signing this form, the nominee agrees that their term is 2 years as a Regional Representative Director or Branch President and 1 year for all other Branch Committee roles*

**IS HEREBY NOMINATED FOR**

The position of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Regional Representative Director, Branch President, Branch Vice-President/Secretary/Treasurer/Committee Member)

**ON THE [Insert Name of Branch] BRANCH COMMITTEE OF**

**AMNESTY INTERNATIONAL AUSTRALIA BY**

Name of nominator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND SECONDED BY**

Name of seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_

***Please return nomination forms to the [insert name of Branch] Action Centre***

***[postal address] or [email address] by [insert date and time for closing of nominations] 20XX OR at least 48 hours prior to BAGM***

 ***[***

**Date Nomination Received: Membership of nominee valid:** **YES / NO**



**Nomination form for the [insert name of Branch] Branch Committee 20XX**

Please complete if you would like information about your candidature to be available to members prior to the Branch Annual General Meeting (to be distributed prior to the meeting).

### Name:

### Previous Experience with AI Australia:

**What are the qualities you feel you would bring to the [insert name of Branch] Branch Committee?**

**Areas of interest:**

**Any other information that you would like to include:**

**Thank you**

**Please note information collected on this form will be shared with the members who are attending BAGM.**



**NOMINATION FORM**

**National Annual General Meeting – [Insert Name of Branch] Delegation 20XX**

Name of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, the nominee agrees that their term is 1 year.*

**IS HEREBY NOMINATED FOR THE POSITION OF:**

**NGM REPRESENTATIVE** or **OBSERVER** (please cross one out)

**THE 20XX NATIONAL ANNUAL GENERAL MEETING OF**

**Amnesty International Australia**

Name of nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND SECONDED BY**

Name of seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_ Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return nomination forms to the [Insert Name of Branch] Action Centre***

***[insert postal address] or [insert email address]***

***By [Insert name of close for nominations] 2018 OR at least 48 hours prior to***

***BAGM***

NGM Representatives are required to attend a meeting in Sydney on 28 and 29 July as well as NAGM on 27 and 28 October. Observers will only be attending NAGM in October.

**Date Nomination Received: Membership of nominee valid:** **YES / NO**

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**Nomination form for the National Annual General Meeting 2018**

Please complete if you would like information about your candidature to be available to members prior to the Branch Annual General Meeting (to be distributed with papers for the meeting).

### Name:

### Previous Experience with AI Australia:

**Knowledge of the AI Australia Rethinking Governance Project:**

**What are the qualities you feel you would bring to the [Insert Name of Branch] delegation to AI Australia’s National Annual General Meeting?**

**Areas of interest:**

**Any other information that you would like to include:**

**Thank you**

**Please note information collected on this form will be sent to the members who are attending BAGM.**