

NOMINATION FOR CITSA COUNCIL

>> ANNUAL GENERAL MEETING or CASUAL VACANCY

>> NOMINEE

STUDENT'S NAME _____ CIT NO.

ADDRESS _____

HOME PHONE: _____ MOBILE: _____

WORK: _____ EMAIL: _____

COURSE OF STUDY: _____

CAMPUS BRUCE REID SOUTHSIDE TUGGERANONG LC FYSHWICK GUNGAHLIN LC

>> NOMINATOR

I, (nominator's name) _____ wish to nominate (nominee's name) _____
for a position on CITSA Council. I am also a registered member of CITSA.

CIT NO. SIGNATURE _____

>> SECONDER

I, (seconder's name) _____ wish to second this nomination. I am also a registered member of
CITSA.

CIT NO. SIGNATURE _____

>> ACCEPTANCE

I, (nominee's name) _____ accept this nomination.
I am also a registered member of CITSA.

SIGNATURE _____ DATE _____

