



Specialised Cleaning & Restoration Industry Association

PO Box 414 Seaford Victoria 3198

Telephone: 1800 621 872

Email: info@scria.org.au

ABN 21 703 927 471

www.scria.org.au

NOMINATION FOR COMMITTEE MEMBERS 2016-2017

I wish to nominate the following person:

Name: _____
Address: _____
Suburb: _____ Post Code: _____
Phone: _____ Mobile: _____
Email: _____

For the position of (multiple positions may be selected):

President

Treasurer – not vacant until end 2017/2018

At Large Director – State President QLD

At Large Director – State President VIC

Vice President

Secretary

At Large Director – State President NSW
– not vacant until end 2016/2017

Proposer: _____
Signature: _____

Seconder _____
Signature _____

I, being a member of SCRIA agree to this nomination for the 2016-2017 SCRIA Committee.

Nominees Signature _____ Date: _____

What has motivated you to nominate for the SCRIA Board?

What skills and expertise will you bring to the SCRIA Board? (150-200 words)

Nominees are also required to submit their bio with their nomination form.

Notes:

1. Individuals may self-nominate or be nominated by another person.
2. Further information about the roles and responsibilities of committee members can be obtained from the Secretariat info@scria.org.au or Phone: 1800 621 872
3. Committee members will hold office for a period of three years.
4. Nominations must be received by **Friday 29th July 2016**.
5. A valid nomination requires the signatures of the proposer, seconder and nominee. It will be acceptable, in respect of any given nomination, for there to be more than one email submitted, e.g. for the initial nomination to be from various sources with additional signatures included.

PLEASE RETURN THIS FORM BY FRIDAY 29TH JULY 2016 TO LIZ SMALL/RETURNING OFFICER EMAIL: info@scria.org.au