



TOWNSVILLE ABORIGINAL AND TORRES STRAIT ISLANDER
Corporation for Women
ABN 35 247 907 885

NOMINATION FORM - DIRECTOR

The Company Secretary
Townsville Aboriginal & Torres Strait
Islander Corporation for Women
5 Charles Street
Gulliver Q. 4814

Dear Sir/Madam,

I, _____ hereby nominate

_____ (address) _____

to the position as a Director on the Board of the Townsville Aboriginal & Torres Strait Islander Corporation for Women.

Name of Proposer: _____

Signature: _____

Dated: _____

Nominee's Acceptance:

I, _____

accept the nomination as a Director, on the Board of Management of the Townsville Aboriginal & Torres Strait Islander Corporation for Women. Attached also a completed "Consent to become a Director Form.

Print Name: _____

Signature: _____

Date: _____

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