



NOMINATION FOR APEG COUNCIL

Please complete as required below

I,(insert your name), a member of APEG,

hereby apply for the position of
___ President
___ Treasurer
___ Secretary
___ Council Member
(please tick applicable)

On APEG Council

Signed: Date:

NOMINATORS

I....., a member of APEG,
nominate the above applicant who is personally known to me

Signed:..... Date:.....

I....., a member of APEG,
second the applicant who is personally known to me

Signed:..... Date:.....

Please return by Monday 12 August to:
Lyndell Wills, APEG Secretariat
PO Box 180
MORISSET NSW 2264
info@apeg.org.au
Fax: 02 4973 6609

Scanned and emailed copies will be accepted.