# APPENDIX 1 – NOMINATION FORM

**Nomination for Positions on the**

**APEN Board**

**and/or**

**Regional Activities Committee**

Australasia-Pacific Extension Network Ltd

ACN: 622 357 144, ABN: 81 760 842 687

We, the undersigned, being financial members of APEN, nominate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for the position of (select as appropriate):

\_\_\_ President (must be an existing Director)

\_\_\_ Director

\_\_\_ Regional Coordinator (state which Region): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**Consent of nominee**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a financial member of APEN

and I accept the above nomination(s).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to the APEN Ltd.

PO Box 1239, WODONGA VIC 3689, AUSTRALIA, info@apen.org.au