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|  | **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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Town, State/Country)

for the position of (select as appropriate):

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

\_\_\_ Director

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

***Nominator***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Seconder***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Benefits the nominee will bring to APEN Ltd**

*An outline of the nominee’s possible contribution to the advancement of APEN (in 150 words or less)*

**Consent of nominee**

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

and I accept the above nomination(s).

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

**Please forward the competed nomination form to:**

**Company Secretary, PO Box 1239, Wodonga VIC 3690 or info@apen.com.au**

**Nominations close COB on the date of the month one month prior to the AGM.**