



Election Nomination Form

I,
(please print title, first name, initial, last name)

wish to nominate
(please print title, first name, initial, last name)

for the position of

within the Australian Society of Plant Scientists Inc.

Signed Date

I,
(please print title, first name, initial, last name)

second the above nomination.

Signed Date

I agree to the nomination:

Signed Date

Email address:

Work phone number:

Home or mobile phone number:

Home address:

(The last two are needed for ACT Incorporations compliance)

Please email completed form to: secretary@asps.org.au