



NOMINATION FORM

Committee of Management Top End Mental Health Consumers' Organisation (TEMHCO) Inc.

I, _____
[must be a TEMHCO board member]

wish to nominate _____
[Name of nominee]

for the position _____ for the TEMHCO Inc. Committee of Management.

Signature of Nominator : _____

Seconded by: _____ (Name)

Signature: _____

Consent of Nominee

I, _____ am willing to take on this role if I am elected to

this position at the _____ Meeting of the Association.

Signature of Nominee: _____ Date: _____