

Nomination Form Board of Directors

Po Box 8144 Grange SA 5022 M 0451 475 724 www.nationalprecast.com.au ABN 82 051 987 181

As a financial:		
Master Precaster Member	Precaster Member	Industry Partner
Professional Associate Member	Association Member	Tertiary Institution Member
Life Member		
of National Precast Concrete Association	on Australia,	
We		(Company name)
Nominate our representative		(Representative Name)
for election to the Board of Directors fo 20	r a term of one year, at the AGM	being held on the day of
		ve acknowledge and agree to our nominee ional Precast matters, should our nominee
Nominee's Name:		
Nominee's Signature:	Date:	
Nominee Information Brief CV:		
Areas/topics you want to help the Association	focus on and why:	

Please return this form, together with **BOARD NOMINEE INFORMATION FORM**, to Sarah Bachmann, CEO, email <u>exec@nationalprecast.com.au</u>, before the date specified in the Member enewsletter in which this notice is sent.

