



**Muscular
Dystrophy WA**

**MUSCULAR DYSTROPHY WA
2018 BOARD NOMINATION FORM**

In accordance with the Constitution of the Muscular Dystrophy Association of Western Australia (Incorporated), and being members of the Association, we hereby nominate

FULL NAME _____

for election to the Board of the Association for a three year term commencing from the 51st Annual General Meeting of the Association on _____

Proposer _____

Signature _____

Seconder _____

Signature _____

I accept this nomination and confirm that I am not an undischarged bankrupt and do not have any convictions specified by the Act.

Nominee's Signature _____

Date / /

NOMINATIONS CLOSE Thursday 17th May 2018 at 5pm

Please forward all nominations by mail or email to:

CEO,

Muscular Dystrophy WA

PO Box 680

Nedlands, WA, 6909

Email: ceo@mdwa.org.au