



ATODA Board Nomination Application Form

The nominated candidate must be a representative of an organisation which holds current financial full membership or be an individual member of the Alcohol Tobacco and Other Drug Association ACT Inc. Completed nomination forms must be received by ATODA no later than **5pm Thursday 19 November 2020**.

Board Nominee

Name:	
Organisation (if applicable):	
Candidature Statement (skills, experience, attributes) <i>100 word limit</i>	
Do you wish to express interest for an office bearer position*	<input type="checkbox"/> Chair <input type="checkbox"/> Secretary
Supporting statement to support nomination to an office bearer position* <i>100 word limit</i>	
Phone:	
Address:	
Email:	
Confirmation of nomination/ consent	Signature.....
Date:	

**this information is for the incoming Board of Directors only and will not be circulated to members generally*

Proposed by (must be a current member of the Alcohol Tobacco and Other Drug Association ACT Inc)

Name:	
Organisation (if applicable):	
Phone:	
Address:	
Email:	
Signature:	
Date:	

Please forward your nomination form to ATODA by **5pm Thursday 19 November 2020**
via:

Email: office@atoda.org.au
Post: PO BOX 7187 Watson ACT 2602
Visit: 11 Rutherford Crescent Ainslie ACT