Board Member Nomination

Developing Abilities Nominee 119 Drakebrockman Drive, Holt, ACT 2615 +612 62549190 admin@pegasusact.com.au www.pegasusact.com.au ABN: 85 460 683 554 Address: Phone: _____ Mobile: _____ Signature: Nominating for the position of (choose one): Vice President President Secretary Treasurer Nominated by the following Pegasus Members:

Printed Name

Signature

Note: This nomination MUST be accompanied by a Skills Declaration form

Printed Name

Signature

Date: ____/___