

Board Member Nomination



PEGASUS

Developing Abilities

119 Drakebrockman Drive, Holt, ACT 2615
+612 62549190
admin@pegasusact.com.au
www.pegasusact.com.au
ABN: 85 460 683 554

Nominee

Name: _____

Address:

Phone: _____ Mobile: _____

Signature:

Nominating for the position of (choose one):

President

Vice President

Treasurer

Secretary

Director

Nominated by the following Pegasus Members:

Printed Name

Printed Name

Signature

Signature

Date: ____/____/____

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