



## NOMINATION FORM - ELECTION TO BOARD Crew Member Appointed Director

<b>Name of Nominee:</b>
<b>CrewCare Membership Number:</b>
<b>Address:</b>
<b>Tel No:</b>
<b>Email:</b>

<b>Skills &amp; Experience</b>
Please give details below of your skills & experience and indicate why you wish to be a CrewCare Board Member. (No more than 200 words.)

<b>Nominated by:</b>
<b>CrewCare Membership Number:</b>
<b>Tel No:</b>
<b>Email:</b>

I confirm I have gained the nominee's consent for their name and details to go forward.

<b>Signed:</b>	
<b>Date:</b>	

Please return to: [support@crewcare.org.au](mailto:support@crewcare.org.au) by 04/10/2023  
This nomination will be invalid unless this form has been fully completed.