



NOMINATION FORM - ELECTION TO BOARD Crew Member Appointed Director

Name of Nominee:
CrewCare Membership Number:
Address:
Tel No:
Email:

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

Nominated by:
CrewCare Membership Number:
Tel No:
Email:

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

Signed:	
Date:	

Please return to: support@crewcare.org.au by 17/11/2021

**Please note that this nomination will be invalid
unless this form has been fully completed.**