



GATCA WA

The Gifted & Talented Children's Association of WA (Inc)

NOMINATION FORM

Election of Office Bearers and Committee Members

I _____ (must be a financial GATCA WA member)

Wish to nominate _____ (name of candidate) for the position of:

President Vice President Treasurer Member of Committee [please tick desired position]

Signature of Proposer _____

Consent of Candidate. I, _____ am willing to take on this

role if I am elected to this position at the Annual General Meeting of the Association.

Signature of candidate: _____ Date: _____

Return completed form to krissmuskett@gmail.com 48 hours prior to AGM