



NOMINATION FORM

ELECTION OF THE COMMITTEE OF ACT ASSOCIATION OF PROVIDERS OF TRAINING SERVICES INCORPORATED

We, the undersigned financial member of ACT Association of Providers of Training Services Incorporated ("APTS") nominate:

_____ (Please print full name of nominee)

Of

_____ (Please print full name of business)

as a candidate for the election of Committee Members and Office Bearers of ACT Association of Providers of Training Services Inc. :-

President / Vice-president / Treasurer / Secretary / Ordinary Committee Member

(only one position can be nominated for per nomination form. Please cross out the positions that do not apply) of ACT Association of Providers of Training Services Incorporated, for the term to be held until the next ensuing election.

Nominator (another financial member of APTS)

Name _____ (Please print) _____ (Signature) _____ (Nominator)

Company Name _____ (Please print) _____ (Date) _____

Secunder (another financial member of APTS)

Name _____ (Please print) _____ (Signature) _____ (Nominator)

Company Name _____ (Please print) _____ (Date) _____

Nominee's acceptance

I, the undersigned financial member (or Representative) of ACT Association of Providers of Training Services Incorporated, accept nomination.

Signed _____ Date _____

NOTES

The nomination form must be forwarded to reach the President, ACT Association of Providers of Training Services Incorporated, in person or via email to allevne.forjanic@key2learning.edu.au no later than 2 June 2020.