**Mental Health Carers NSW Inc.
Board Nomination Form 2024**

I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of
(address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

would like to nominate myself or other persons for the following position.

President (Name): .............................................................

Vice President (Name): .............................................................

Treasurer (Name): .............................................................

Ordinary Board Member (Name): …………………………………………………….

***Note: You do not have to nominate a candidate for every position. Please use one form for each nomination you wish to make.***