

**Ph** 1800 033 660 | **E** [bca@bca.org.au](mailto:bca@bca.org.au) | **W** [bca.org.au](http://www.bca.org.au/) | **ABN** 90 006 985 226

# Nomination Form: BCA Elections 2024

The below information and form should be read in conjunction with the “Notice of Annual General Meeting” which has been sent to all members of BCA and is available at <https://www.bca.org.au/events/bca-annual-general-meeting-2024/>.

* Only full members of Blind Citizens Australia, as at 30 June 2024, can nominate, be nominated, or second members wishing to stand for election.
* Position Descriptions for all vacant positions are available on BCA’s website.
* If nominating as a director, in accordance with the Corporations Act, you must provide a Director Identification Number (DIN) as well as a confirmation that you are not disqualified to act as a director by ASIC or the ACNC. If you do not have a DIN, you must apply before appointment as a director. Visit <https://www.abrs.gov.au/director-identification-number> for more information. If you require assistance, please contact BCA on 1800 033 660.
* To be nominated, nominate or second a nomination for a NSW / ACT State Division position, members must be residents of the State or Territory of the vacant position.
* Nominations must be accompanied by a statement in support of the nomination (no more than 300 words).
* You can nominate for more than one position. Please complete a separate nomination form for each nomination.
* Completed nomination form and accompanying statement must be sent to the company secretary at [companysecretary@bca.org.au](mailto:companysecretary@bca.org.au).
* Nominations must be in Microsoft Word or text format and reach the Company Secretary by **5:00pm, Friday, 25th October 2024**.

## Nominee details:

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| Email: |  |
| Usual State of residence: |  |
| Place an asterisk to the right of position for which you wish to nominate | President |
| Director |
| State Division – NSW |
| State Division - ACT |
| If director nomination, please provide DIN or confirmation that the application has commenced. |  |
| Nomination date: |  |

## Nominated by:

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| Email: |  |
| Usual State of residence: |  |
| Place an asterisk to the right of position for which you wish to nominate the candidate named above. | President |
| Director |
| State Division – NSW |
| State Division - ACT |
| Date of endorsement: |  |

## Nomination seconded by:

|  |  |
| --- | --- |
| Full name: |  |
| Phone: |  |
| Email: |  |
| Usual State of residence: |  |
| Place an asterisk to the right of position for which you wish to second the nomination of the candidate named above. | President |
| Director |
| State Division – NSW |
| State Division - ACT |
| Date of endorsement: |  |

|  |  |  |
| --- | --- | --- |
| FOR OFFICE USE ONLY | | |
|  | Verified By | Date: |
| Nominee |  |  |
| Nominator |  |  |
| Seconder |  |  |

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