



The Chairman, Board of Trustees,
Apollo Bay & District Health Foundation,
P.O. Box 140,
Apollo Bay. 3233.

Could current Trustees and others wishing to nominate/re-nominate/decline nomination for the year 2017/2018, please complete, sign and return the appropriate form below.

Existing Trustees

I wish to advise that I would like to nominate/decline nomination (please delete one) as a member of the Board of Trustees of the Apollo Bay & District Health Foundation for the ensuing year 2017/2018.

Name _____ Signed _____
Date _____

New Nominees

I wish to advise that I would like to nominate as a member of the Board of Trustees of the Apollo Bay & District Health Foundation for the ensuing year 2017/2018.

Nominee: Name _____ Signed _____
Date _____
Proposer: _____ Signed _____
Date _____

Postal Address: P.O. Box 140 Apollo Bay, Vic, 3233
Apollo Bay and District Health Foundation Inc.
Registered Address: 4/22 Pascoe Street, Apollo Bay, Vic, 3233
Email: info@abhealthfoundation.org

Phone: (03) 52377 399
ABN 48 605 122 377