



The Chairman, Board of Trustees
Apollo Bay & District Health Foundation
PO Box 140
Apollo Bay VIC 3233

Could current Trustees and others wishing to nominate/re-nominate/decline nomination for the year 2015/2016, please complete, sign and return the appropriate form below.

Existing Trustee

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 2015/2016.

Trustee Name _____

Signed _____ Date ____/____/2015

New Nominee

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 2015/2016.

Nominee Name _____

Signed _____ Date ____/____/2015

Proposer Name _____

Signed _____ Date ____/____/2015

Apollo Bay and District Health Foundation Inc.

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