

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 20\_\_\_\_, please complete, sign and return the appropriate form below.

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### 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 20\_\_\_\_.

Trustee Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

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### 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 20\_\_\_\_.

Nominee Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Proposer Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

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#### Apollo Bay and District Health Foundation Inc.

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