NOMINATION FORM
NAPWHA BOARD OF DIRECTORS

I, [Name] _____, being a HIV positive Member of

[PLHIV Org] _____, accept my nomination by:

Nominator 1: [Name] _____, being a HIV positive

member of [PLHIV Org] _____, and

Nominator 2: [Name] _____, being a HIV positive

member of [PLHIV Org] _____.

For the position of: _____.

Signed Nominee: _____ Date: _____

Signed Nominator 1: _____ Date: _____

Signed Nominator 2: _____ Date: _____

Please note:

- Rules 16.2.1 and 16.2.2 of NAPWHA's Rules of Incorporation require that the Nominee as well as both of the Nominators mut be HIV positive members of a State or Territory PLHIV organisation recognised by NAPWHA.
- Nominations must be accompanied by a brief personal profile written by the person being nominated, not exceeding two pages.
- Nominations are to be in writing and sent to the Returning Officer:

  Ashley Ognenovski, Solicitor, HIV//AIDS Legal Centre (HALC)
  By Post or Hand: 414 Elizabeth Street, Surry Hills, NSW 2010
  By Email: ashley@halc.org.au

- **Closing Date for Nominations – 5pm, Friday, 27 September 2024**