AUSTRALIAN FEDERATED UNION OF LOCOMOTIVE EMPLOYEES



Nomination Form

Election for Vacant Position

Nominee:	We the undersigned financial members hereby nominate:
(Full name in block letters)	
For the office of:	
(print the name of the office/position as shown in the Election Notice)	
Location: (eg. Division/Sub-Branch)	

Nominators (at least two required)

Full name (block letters)	Signature	Membership No.

Nominee's consent (print your name as you wish it to appear on the ballot paper)	I, consent to nomination for the above office for which I am eligible under the rules
Membership No.	
Division / Sub-Branch	
Contact Details	Postal Address: Postcode:
	Email: Phone:
Attachment/s:	I have attached a nominee statement*: Yes or No
Signature and date	Signed: Date: / /

^{*} You can attach a nominee statement to outline your employment and/or Union history and ideas.