



Nomination Paper

I
of
wish to nominate
for the office of member of the AADA Inc Committee.

Signature: Date:

I
of
wish to second the nomination of
for the office of member of the AADA Inc Committee.

Signature: Date:

I
accept the nomination for the office of member of the AADA Inc Committee.

Signature: Date:

Please return to:
AADA
PO Box 301
Bulimba, 4171
QLD