

AUTISM VICTORIA Inc. (A 14601 C) ABN 15 600 724 949

STATE COUNCIL - NOMINATION AND/OR EXPRESSION OF INTEREST

As per the Rules of Constitution of the Association, the **membership** of Autism Victoria will comprise Organisational Members, Subscriber Members and Honorary Members. The State Council is the governing body of Autism Victoria, and currently comprises:

- 1. *Thirteen representatives* Appointed by each of the 13 current organisational members
- 2. *Three elected members* Nominated from among the subscriber membership and elected at the AGM
- 3. *Five co-opted members* Co-opted from among expressions of interest received by the association

This form is to be used to:

- 1. notify a nomination for one of the three elected positions on the Autism Victoria State Council
- 2. notify an expression of interest to be one of five co-opted positions on the Autism Victoria State Council
- 3. notify an expression of interest for a position on the Autism Victoria Executive Committee
- 4. notify an expression of interest for appointment as an Office Bearer of Autism Victoria

Please complete as appropriate and return to the Chief Executive Officer, Autism Victoria at

PO Box 235 Ashburton 3147 or fax on (03) 9885 0508

NO LATER THAN MONDAY 12th November 2007

TO NOMINATE FOR AN ELECTED POSITION - AUTISM VICTORIA STATE COUNCIL:

Name of Nominee.....

Address and Phone contact details

Proposed by

Seconded by

(The nominee, proposer and seconder must be financial members of Autism Victoria)

Signature of Nominee.....Date: / /2007

TO INDICATE AN EXPRESSION OF INTEREST:

Name.....

Address and Phone contact details

● I am interested in a co-opted position on the Autism Victoria State Council:

● If elected, co-opted or appointed to the Autism Victoria State Council, I would be interested in and able to fill the following position/s:

Executive Committee member

President

Vice President

Secretary

Treasurer