

ADHD WA | MANAGEMENT BOARD NOMINATION FORM

Email your completed Nomination Form along with your completed Application Form to hello@adhdwa.org by **5pm 26**th **May 2022.** Please note that we require new members to fill the positions of **SECRETARY** AND **GRANT WRITER**.

FOR THE POSITION OF (PLEASE SELECT):

Chairperson		Deputy Chairperson		
Secretary		Treasurer		
Board Member		Grants and Donations		
NOMINEE M	UST BE A MEMBER	OF ADHD WA	(SEE WEBSITE FOR M	 MEMBERSHIP DETAILS)
Name:				
Address:				
		I		
Phone:		Email:		
Signature:				
NOMINATEI	D BY ADHD WA MEI	MBER:		
Name:				
Address:				
Phone:		Email:		
Signature:				
SECONDED	BY ADHD WA MEMI	BER:		
Name:				
Address:				
Phone:		Email:		

I ACCEPT THE NOMINATION FOR THE POSITION OF:

Signature:

SIGNATURE: DATE: