

SU TAS - CHAPLAINS REPRESENTATIVE COUNCIL

Nomination Form

Nominee details

Name of nominee: _____

Region (N, NW, S): _____

Please outline your interest in serving on the Chaplains' Representative Council:

Nomination endorsed by two current chaplains

Name of endorser (1) _____

Name of endorser (2) _____

Nominations to be returned by 20th April 2015 via post or scanned email attachment to

SU Tas
23 Clarence St
Bellerive TAS 7018

admin@sutas.org.au

Signature of nominee _____