



NOMINATION FORM FOR BOARD OF MANAGEMENT 2009/2010

**Child &
Family Welfare
Association of
Australia Inc.**

ABN 65 962 251 319

ADMINISTRATION &
CORRESPONDENCE TO:
Locked Bag 13
Haymarket
NSW 1240

Ph (02) 9281 8822
Fax (02) 9281 8827
cafwa@acwa.asn.au
www.cafwaa.org.au

STATE MEMBER
ORGANISATIONS

- Association of
Childrens Welfare
Agencies (NSW)
- Child & Family
Welfare Association of
South Australia
- Child & Family Welfare
Association of Tasmania
- Child, Youth &
Family Agencies
of the ACT
- Centre for Excellence
in Children & Family
Welfare, Victoria
- Children's Youth &
Family Agencies
Association (WA)
- PeakCare (Qld)

Incorporated in Victoria
No A0032610M
Registered office
Level 5,50 Market
Street,Melbourne, VIC, 3000

I,

.....
being the representative of:

.....
wish to nominate for a position on the Board of Management:

Signature of Nominee: _____
Date: / /

*Please forward this form to the CAFWAA Secretariat
by C.O.B. on Thursday 12 November 2009*

ORDINARY MEMBER OF THE BOARD

*Please tick if you wish to nominate for one of the six
Ordinary Member vacancies*

Note: Nominations must be forwarded to reach the CAFWAA
Secretariat by C.O.B. **on Thursday 12 November 2009**

Please return this form by fax on 02 9281 8827