

## NOMINATION FOR MEMBER OF THE CRCC BOARD



PO Box 3805  
Weston Creek ACT 2611

Crisis 02 6247 2525  
Business 02 6287 3618  
Fax 02 6287 4475

TTY and text for hearing impaired only  
TTY 02 6287 4308  
Text Only 0488 586 518

[www.crcc.org.au](http://www.crcc.org.au)  
[crcc@crcc.org.au](mailto:crcc@crcc.org.au)  
ABN 68 076 467 629

**Name:** .....

**Address:** .....

**Phone:** ..... **(wk)** ..... **(hm)** .....

**Mobile:** ..... **Fax:** .....

**Email** .....

I am a full member of the Association and would like to nominate as an Ordinary Member of the CRCC Board (YES/NO)

I understand that membership of the Board is open to women who are members of the Association. (YES/NO)

I agree to undertake the roles and responsibilities of an ordinary member of the Board (YES/NO)  
Or

I agree to undertake the roles and responsibilities of an Office Bearer of the Board as outlined in the CRCC Constitution.

Chair (YES/NO)  
Deputy Chair (YES/NO)  
Treasurer (YES/NO)  
Secretary (YES/NO)

**Signature** ..... **Date** .....

Please provide a brief description of your background and what you can offer to the CRCC Board. This may be used as a paragraph in the Annual Report.

Your nomination must be received at CRCC on or before: 16 November 2018

Send your nomination to:

The CRCC Board  
Canberra Rape Crisis Centre  
PO Box 3805 Weston Creek  
Weston ACT 2611

Thank you for your interest in and support of Canberra Rape Crisis Centre.