

Nomination Form

APBSA

To be completed by a registered Architect

OFFICE USE ONLY	Pract. Non Pract.	Ltd. AMR	Date Acc	epted	Accepting Officer's Ini	tials
Nominators - Two registe	ered Architects entitled to vo	te must endorse tl	nis nomination			
Name			Name			
Address			Address			
Signature			Signature			
Candidate Informatio	on .					
Miss Ms	Mrs Mr L	Dr	Other (specify)			
Family Name			Given Names			
Address						
Street						
Locality			State	Р	ostcode	
Name to Appear on the Ballot Paper						
I request that the name by which I am commonly known be printed as below on the ballot paper. Please note:						
The Returning Officer	r may reject a name that is o					
	ill be printed in CAPITALS ar	nd will appear bef			er.	
Family Name			Given or Other Nan	nes		
Constitute Designation						
Candidate Declaration	n					
I declare: 1. I am a registered Arc	chitoct: and					
_	elected as a member of the	Architectural Prac	tice Board of South	Australia: and		
	e for consecutive terms that					
	nination and agree to act if e					
Signature of Candidate	·			Date		