## **SCHEDULE 3 – STATE OFFICER NOMINATION FORM**

CANDIDATE INFORMATION			
FULL NAME			
RESIDENTIAL			
ADDRESS			
TELEPHONE NUMBER			
TELEFHONE NUMBER			
BRANCH			
MEMBERSHIP NUMBER			
STATE OFFICE			
NOMINATING FOR			
TEAM NAME (if any)			
	<u> </u>		
NOMINATOR INFORMATIOI at least <u>two</u> Financial Indust		o vote in an election for	the State Office identified
above.			
We, the undersigned, nomin	nate the nerson named	ahove for the State Offi	ce named above
Tre, the undersigned, norm	iate the person named		oe namea above.
FULL NAME	MEMBERSHIP	SIGNATURE	
	NUMBER		
CANDIDATE'S CONSENT			
l,			(print your name)
consent to the nomination f	or the above State Office		(print your name)
Signed:			
Registered rules of New S			<u>a **</u> 9
Clerical, Administrative, E	inergy, Airlines & Utilit	ties Union	

as at 8 May 2023

