# Supporting Nomination Form

A nomination to be Capricorn Member Director must be supported by two Capricorn Members that are recorded by Capricorn as being in the zone eligible to vote (SA/NT). This form can be executed by both supporting Members jointly or in counterpart. Click or tap here to enter text.

|  |  |
| --- | --- |
| Nominee Details | |
| Name of Nominee | Click or tap here to enter text. |
| Capricorn Number | Click or tap here to enter text. |
| Capricorn Membership Name | Click or tap here to enter text. |

By completing and returning this form, the Nominee consents to Capricorn contacting and discussing by any means with the Members listed below your personal information and any other information whatsoever necessary or desirable for Capricorn to consider and determine the Nominee’s suitability and eligibility as a candidate in the 2024 SA/NT Director Election.

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| --- | --- |
| Supporting Member 1 Details | |
| Name of supporting Member | Click or tap here to enter text. |
| Capricorn Number | Click or tap here to enter text. |
| Capricorn Membership Name | Click or tap here to enter text. |
| Supporting Member 2 Details | |
| Name of supporting Member | Click or tap here to enter text. |
| Capricorn Number | Click or tap here to enter text. |
| Capricorn Membership Name | Click or tap here to enter text. |

The undersigned hereby nominates the person named as Nominee in this form for the position of Capricorn Society Limited director and agrees to answer any questions from Capricorn regarding the nominated person that Capricorn considers necessary or desirable to determine the suitability and eligibility of the nominated person:



Signature of supporting Member 1

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Print name | Date |

Signature of supporting Member 2



|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap to enter a date. |
| Print name | Date |