



## Association of Alcohol and other Drug Agencies NT Inc

### NOMINATION FORM

I am available for nomination to serve as a 2019-2020 **BOARD MEMBER**  
with The Association of Alcohol and other Drug Agencies NT Inc.

**Nominee** Full Name: .....

Signature: ..... Date: ...../...../.....

**For position of:**

Chairperson ☐ Vice Chairperson ☐ Secretary ☐ Treasurer ☐  
Public Officer ☐ Ordinary Board Member ☐

**Nominated by:**

Full Name: .....

Signature: ..... Date: ...../...../.....

**Seconder to Nomination**

Full Name: .....

Signature: ..... Date: ...../...../.....

Please return to Administration Officer, AADANT Inc., PO Box 220 PARAP NT 0804  
or by email to [admin@aadant.org.au](mailto:admin@aadant.org.au)

**Nominee and Nominator must be current financial members of AADANT.**