



## Association of Alcohol and other Drug Agencies NT Inc

### NOMINATION FORM

I am available for nomination to serve as a 2023-2024 **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: ...../...../.....

**For Office Use only:**

**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.**