



**ELECTION OF TWO MEMBER REPRESENTATIVES FOR THE SOUTH AUSTRALIAN AMBULANCE SERVICE SUPERANNUATION SCHEME CONSULTATIVE COMMITTEE**

**NOMINATION FORM**

To: [Kathy.odonnell@sa.gov.au](mailto:Kathy.odonnell@sa.gov.au)  
Returning Officer  
Super SA

We, the undersigned persons who are eligible to vote in this election, hereby nominate the following person as a candidate for election to the South Australian Ambulance Service Superannuation Scheme Consultative Committee:

.....  
(Print Given Names)

.....  
(Print Surname)

.....  
(Position and Work Location)

Dated the ..... day of..... 2022.

**This nomination must be signed by FIVE persons eligible to vote in this election.**

*Persons eligible to vote must be current members of the South Australian Ambulance Service Superannuation Scheme.*

<b>Print full name of nominator</b>	
<b>Signature</b>	

<b>Print full name of nominator</b>	
<b>Signature</b>	

<b>Print full name of nominator</b>	
<b>Signature</b>	

<b>Print full name of nominator</b>	
<b>Signature</b>	

<b>Print full name of nominator</b>	
<b>Signature</b>	

**Candidate's consent**

I, ....., hereby consent to this nomination.  
(Print name of candidate)

I declare that I am currently a member of the South Australian Ambulance Service Superannuation Scheme and will be a member on the election date.

I wish my name to appear on the ballot paper as shown below:

.....  
**(Print name to appear on ballot paper)**

Date ..... Signature of candidate .....

**Candidate's contact details**

**Candidate's contact details for electoral use only**

Address .....

Phone .....

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**NOMINATIONS CLOSE AT 5pm ON 10 JUNE 2022**

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