



South West Autism Network Inc ANNUAL GENERAL MEETING

Board Nomination Form

I, _____,
nominate for election to the South West Autism Network Inc (SWAN) Board at the Annual General Meeting, to be held at **6.30pm Wednesday 10th December 2025** via Zoom online.

Full Name:			
Occupation or Experience:			
Address			
Telephone:			
Email:			
Board Position I am nominating for: (please tick box)	☐ President	☐ Vice President	☐ Secretary
	☐ Treasurer	☐ General Board Member	☐ Youth Representative
I identify as autistic / having a disability: ☐ Yes ☐ No			
I confirm that I have not previously been declared bankrupt: ☐ Yes			
The skills and knowledge that I will bring to the Board if elected are:			
Signature			Date:

Please return your completed nomination form to:

South West Autism Network Inc

Email: info@swanautism.org.au

Mail: South West Autism Network

PO Box 1739

Busselton WA 6280

Phone: 0499 819 038

* If you are unable to return your completed form prior to the AGM, please contact SWAN to advise that you will be nominating. *