



**Community Disability Alliance Hunter Incorporated**  
**202 King Street**  
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**Community Disability Alliance Hunter Incorporated**  
**(incorporated under the Association's Incorporation Act 2009)**

**BOARD NOMINATION FORM 2023/2024**

I wish to nominate to the Board of Community Disability Alliance Hunter Incorporated

**Name:**

Address:

Phone (Home):

Phone (Mobile):

Email:

Date of Birth:

Place of Birth:

(Information about date and place of birth is required by the Australian Charity and Not for Profit Commission)

Please mark one. Are you:

- a person with disability?
- a family member of a person with disability?

**Your signature:**

Date:

Name of seconder (please print):

**Signature of seconder:**

Date: