



Workplace Delegate Nominee

Name			
ANMF Membership No.	(leave blank if unknown)		
Address			
Phone (mobile)		Phone (work)	
Email (work)			
Preferred email address			
Workplace			
Ward/Unit			
Signature		Date	

Nominated by (must be two financial members of the ANMF ACT Branch who work in the same ward/unit as nominee)

Name		ANMF Membership No.	
Workplace		Ward/Unit	
Phone			
Email			
Signature		Date	

Name		ANMF Membership No.	
Workplace		Ward/Unit	
Phone			
Email			
Signature		Date	

Please return completed Workplace Delegate Nomination Form by email at anmfact@anmfact.org.au

Authorised by Matthew Daniel, ANMF ACT Branch Secretary, 2/53 Dundas Court PHILLIP ACT 2606

