

Wireless Institute of Australia

Nomination for the position of DIRECTOR of the WIA

l,			(full name)
callsign	WIA Mem	ber Number	
of	••••••		(address)
my occupation is			and
place of birth		Date of Birth	
•	e for the election on stitute of Austral	of, and consent to bedia.	coming a director
My Company Dire	ector Identificatio	n Number is	•••••
Signed By the no	minee	•••••••••••••••••••••••••••••••••••••••	••••••
Nominated by			(name)
Callsign	WIA Mem	ber Number	
Please attach biographica words	l details and other inform	ation to accompany the ballot	paper, not exceeding 250
Delivery to the Returning Officer ma	ay be made by hand when the WIA	national office is open at:	
	Unit 20 11-13 Havelock Road	or by mail to: PO Box 2042	

Bayswater

Victoria 3153

Nominations received by facsimile or by electronic means cannot be accepted. Nominations close at 2.00pm on 15th December 2025

Bayswater

Victoria 3153