NOMINATION FOR CANDIDATE FOR INTERNAL PLEBISCITE



SurnameGiven Names	
Name to appear on ballot paper (if different)	Date of Birth
Home Address	Postcode
Postal address (if different)	Postcode
OccupationE-mail	Phone
Male Female Gender not specified	Pledge:
	The following pledge must be signed in exactly the form printed below and witnessed by a member of the ALP (State
ALD D	of Queensland). Please note that digital signatures are not acceptable.
Membership number	
CHICH	Name
(Candidates must be members of their relevant union)	being a candidate for selection by the Australian Labor Party hereby give my pledge that I accept and will abide by the rules of the Australian Labor Party.
Nomination as candidate for:	Signed
State President	Date
State Vice-President	Witness name
Branch Conference Delegate for (Federal Electorate)	Witness membership number
	Witness signed
National Conference Delegate (Branch) for Brisbane North Brisbane South Greater South-East Qld Regional Queensland Labor Councillors Delegate	Send completed form to: General Returning Officer PO Box 5286 West End Q 4101 This nomination shall be informal if it is received after the advertised time for the close of nominations. It is the nominee's responsibility to ensure the nomination is received on time.
Policy Co-ordination Council:	FOR OFFICIAL USE
Branch O Union O Caucus	Date received:
LI live in a regional area as defined by J2.2.1(c) or (d).	Application received by:
Other	Authorisation (position):
Outel	Date approved: