



CANINE CONTROL COUNCIL (QUEENSLAND) LIMITED

2025 Election of Six (6) Directors

NOMINATION FORM

Candidate

Candidate's Name
(Block Letters)

_____ Family Name

_____ Given Names

Name to appear on the Ballot Paper _____

Candidate's Signature: _____

Address: _____

_____ Suburb/Town

_____ Postcode

Contact Telephone Nos: _____

Home

_____ Mobile

Email Address: _____

Further Requirements

(Please complete each section)

_____ Blue Card Number

(Compulsory at time of Nomination)

_____ Date of Birth

_____ Director ID Number

(Apply online with your phone via the myGovID app)

Member Details

(Please complete each section)

_____ Member Number

_____ Member Class

(Ordinary, Joint, Life etc)

_____ Membership Status

(financial or otherwise)

Nominator 1 (Must be an eligible voter)

Nominator's Name
(Block Letters)

_____ Family Name

_____ Given Names

Nominator's Signature: _____

Contact Telephone Nos: _____

Home/Mobile

_____ Member Number

