Irrigation Australia
Regional Committee Nomination Form

Section 1: Nominee Details

Full Name: _____

Organisation/Business: _____

Position/Role: _____

Phone Number: _____

Email Address: _____

Irrigation Australia Membership Number (if known): _____

Section 2: Nomination

I, the undersigned (the *Nominator*), nominate:

Nominee's Name: _____

for election to the South Australia Regional Committee of Irrigation Australia Ltd for 2025/26 term.

Nominator's Full Name: _____

Nominator's Membership Number (if known): _____

Nominator's Signature: _____ Date: _____

*Note: The Nominator is the person putting forward the candidate for election. They must be a current, financial member of Irrigation Australia. *

Section 3: Seconder

I, the undersigned (the *Seconder*), second the above nomination:

Seconder's Full Name: _____

Seconder's Membership Number (if known): _____

Seconder's Signature: _____Date: _____

Note: The Seconder is a second member who supports the nomination. They must also be a current, financial member of Irrigation Australia.

Section 4: Nominee Acceptance

I, _____ (Nominee), accept this nomination and agree to serve on the South Australian Regional Committee of Irrigation Australia Ltd if elected.

Committees and/or Sub-Committees I am interested in serving on (please tick, you may select more than one):

☐ Executive

☐ Events

☐ Training

☐ Other: _____

Position(s) I am interested in standing for (please tick one):

☐ Chair

☐ Deputy Chair

☐ Secretary

☐ Member

I confirm that:

- I am a current financial member of Irrigation Australia.
- I understand the responsibilities of serving on the Regional Committee.
- I agree to act in the best interests of Irrigation Australia and its members.
- I will uphold the Irrigation Australia Regional Committee Charter.

Nominee's Signature: _____ Date: _____

Submission Instructions

Completed nomination forms must be returned by **Friday, 31 October 2025** to:

rebecca.new@irrigation.org.au