



CORRUPTION PREVENTION
NETWORK QUEENSLAND

Corruption Prevention Network (Queensland) Management Committee Nomination Form

I a member of the Corruption Prevention Network (Queensland), hereby nominate for the position of **CPNQ Management Committee member**:

Title:	Last Name:	First Names:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address (business or private):

City/Suburb:	State:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address (business or private):

Telephone/fax Number(s):

<small>work</small>	<small>mobile</small>
<input type="text"/>	<input type="text"/>

Candidate Bio (100 words or less and can be subject to editing for publishing purposes)

Signature (not required if nomination is by e-mail):	Date: (dd/mm/yy)
<input type="text"/>	<input type="text"/>

Seconding Member:

Signature (not required if nomination is by e-mail):	Date: (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Completed nomination forms must include the required details on the **nominee** and the **second**, and be received by the Secretary of the Corruption Prevention Network (Qld) **COB 6 October 2023** to email: Secretary@CPNQ.org