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> www.nlc.org.au ABN 56 327 515 336

## NOMINATION FORM B FOR COMMUNITY MEETING

REGION	l:		
WARD COMMUNITY / OUTSTATION	:		
NUMBER OF POSITIONS (SEATS			
We, the majority of adult members of the «Community_Area» community area, nominate the following person to be our representative on the NLC Full Council:			
NAME OF NOMINEE:			
CLAN GROUP:			
POSTAL ADDRESS:			
PHONE NUMBER:EMAIL:			
TRADITIONAL OWNER / RESIDENT:			
NOMINATED BY NAME:	SEC	ONDED BY NAME:	
/ / 2025			_ / / 2025
Nominated By's Signature	Se	conded By's Signature	
COMMUNITY MEETING REPORT IS ATTACHED/			
AUTHORISED BY NAME:			/ / 2025
	Author	ised By's Signature	

## **IMPORTANT NOTE:**

This form is only relevant for communities or outstation areas that do not have a recognised entity.