



Country Women's Association of WA

Est. 1924

NOMINATION FORM 2020-2021

ORDINARY MEMBER OF THE CWA OF WA BOARD

Description of Role:

The Board is responsible for the overall governance, management, and strategic direction of the organisation and for delivering accountable corporate performance in accordance with the organisation's goals and objectives. A member of the CWA of WA Board upholds the Constitution, charters, organisational policies, codes, and procedures. An Ordinary Member of the Board is required to attend six (6) meetings at the State Office in West Perth (and be available on-line for any out-of-session decisions) and State Conference, and to act in the best interests of the Association. Ordinary Members of the Board hold office for a maximum term of 3 years, elected annually. **It is essential that the nominee be computer literate and have access to secure email.**

Eligibility: The CWA of WA (Inc) Constitution states in Rule 38:

Ordinary Members

To be eligible for nomination for the position of Ordinary Member of the Board a member shall:

- (a) be currently a member of a branch
- (b) have held office in a branch as President, Secretary or Treasurer and/or held the position of Chairperson on one of the CWA State Groups including the Holiday Units or Retirement Lodge Committees for a period of at least three (3) years
- (c) have undergone and/or agree to continue professional development relevant to the Association.

Duties and Responsibilities: The CWA of WA (Inc) Constitution Rules 48-52 outlines the responsibilities of serving on the CWA of WA Board.

Obligations: We recommend you familiarise yourself as to the content and scope of your legal obligations as a prospective Ordinary Member of the CWA of WA Board. Incoming Board members are required to agree to Terms of Appointment to the Board. Further information can be obtained from State Office on 9321 6041 or email ceo@cwaofwa.asn.au

1. BRANCH NOMINATION

We of (Branch Name) _____ hereby nominate the following person for the position of ORDINARY MEMBER OF THE CWA of WA BOARD:

Surname: _____ First Name: _____

She is a member of (Branch Name): _____

(Nominating Branch Office Bearer – President, Secretary or Treasurer - to sign)

(Please forward this form to your Nominee for them to complete and return to State Office)

2. NOMINEE TO ACCEPT NOMINATION

Name of Nominee: Surname: _____ First Name: _____

Address: _____

Postcode: _____ Phone: _____ Mobile: _____

Email: _____

I have currently served _____ consecutive years on the Board

Please also indicate periods of earlier service: _____

3. CONFIRMATION AND DOCUMENTS

Please indicate the following by placing a tick in the box:

- I confirm that I am not an undischarged bankrupt, do not have one of the specified criminal convictions or am not disqualified from managing a corporation as specified in the Corporations Act 2001 (Cth), and have not been disqualified by the Australian Charities and Not-for-Profits Commissioner at any time, from being a responsible person of a registered charity.
- If successful with my nomination, I agree to provide a current police clearance within 1 month.
- I have attached proof of payment (such as a receipt) of my CWA of WA's membership dues for the current calendar year.

4. PHOTO, CITATION AND CURRICULUM VITAE

Please send **(1)** a good quality photo as an email attachment, **(2)** a full curriculum vitae of your work and skills history (including references), **(3)** a description of your experience or training in Governance issues, including decision making and risk management and **(4)** a citation (in no more than 500 words) answering the questions below. (Please note that this citation will be used for publication in the magazine and/or for branch voting requirements. CWA of WA reserves the right to edit content provided prior to publication, subject to consultation with the nominee.)

1. **Why do you want to be an Ordinary Member of the CWA of WA Board?**
2. **What are the key skills you bring to the position?**
3. **What would you like to achieve during your term?**
4. **Personal Summary** - You may also like to use the following headings to organise your personal story:
 - a) Currently a branch member of:
 - b) How long have you been a member of the Association?
 - c) Positions held at CWA Branch and State level?
 - d) Work background and relevant professional memberships and training
 - e) Personal information

By signing this form, you agree to your nomination as an Ordinary Member of the CWA of WA Board and that all the information provided is true and correct.

Signature: _____

Please forward this Nomination Form to the State Office by the closing date: **Friday, 15 January 2021**

Postal Address: PO Box 97, WEST PERTH WA 6872 Phone: 9321 6041 Email: margueritez@cwaofwa.asn.au