

Snow Australia Limited
ACN 063 859 423

30th Annual General Meeting

Nomination for the Position of Elected Director

Name of Nominee: _____ SnowID: _____

Name of Nominator: _____ SnowID: _____
This must be a Member of Snow Australia

Signature of Nominator: _____

Name of Secunder: _____ SnowID: _____
This must be a Member of Snow Australia

Signature of Secunder: _____

Declaration

As a nominee for election to the Board of Snow Australia, I declare that I am willing to accept the position of director if elected.

Signature of Nominee _____ Date _____

Contact Details

Address _____

Phone _____ Email _____

- All nominations received by Snow Australia will be confirmed in writing to the Nominee on receipt.
- All nominations must be accompanied by a 200-word (maximum) curriculum vitae.

THE NOMINATION FORM MUST BE RECEIVED BY:

Michael Kennedy
Chief Executive Officer
Snow Australia

Post:
Snow Australia
Level 2, O'Brien Icehouse
105 Pearl River Rd
Docklands VIC 3008

Email: info@snow.org.au

Before 5.00pm, Thursday 1 February 2024