THE ISLAMIC COUNCIL OF PERTH WESTERN AUSTRALIA

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NOMINATION FORM 2016 -2018

Completed forms must be received by the Secretary of ICWA before **12 June 2016** by certified mail or by hand.

(I) Position Nominated for_______

(II) Personal Details of Nominee

(a) Full name_____Age_____

(b) Residential Address _____

(c) Date of birth _____Residence/Citizenship_____

(d) Country of Origin _____Length of stay in Australia_____

(e) Tel: Res_____Mob _____Email_____

(f) Employment/Business, etc_____

(g) Company directorship_____

(h) Educational qualifications,etc_____

_____

(i) Religious Education/Training_____

_____

(j) Community Activities _____

_____

(k) Membership

(i) Name of Islamic Society_____

(ii) Financial member: Yes / No Length of Membership of Society_____yrs

(l) **Organisational Experience**

(i) Office or Title held currently _____Yrs_____

(ii) Other responsible positions held _____

(III) Declaration

In accepting the above nomination I solemnly declare that the information given above is true to the best of my knowledge and I also declare that if elected, I shall uphold the cause of Islam in Australia and discharge my duties honourably for the full term of my office and in all circumstances strictly follow the Constitution of ICWA and AFIC in letter and spirit. I also declare that I do not have a criminal conviction against my name.

Name of Candidate_____

Signature of the Candidate_____Date_____

We certify that this nomination was decided through a resolution of the Council in a properly convened meeting.

X x

_____ _____

Signature Signature

Name:_____Name:_____

Signed by Chairman Countersigned by Secretary

Society_____

Date_____ Date_____

For ICWA use only

Date Received _____Time_____By_____

Nomination accepted/not accepted.

If not accepted, reasons thereof_____

_____

_____

Sponsors/Nominees informed.