



Australian Sign & Graphics Association
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ASGA REGIONAL SUB-COMMITTEE NOMINATION FORM

I wish to nominate for a position on the ASGA Regional Sub-Committee for my State:

Name of State: _____

Position for which I wish to nominate:

Chairperson

Sub-Committee Member

Name of Nominee: _____
(Please print)

Name of Company: _____

Nominee's Signature: _____

Nomination seconded by: _____

Name of Company
(must be a financial ASGA Member) _____

Seconder's Signature: _____

Please return this form to the Returning Officer

Email: admin@signs.org.au

by COB Friday, 17 April 2026