

HASS SA INCORPORATED



NOMINATION FORM FOR GROUP OR ASSOCIATION MEMBERSHIP

Name of Association or Group:

HASS SA

Brief description of the Association or Group and its role in Education.

Email address of Association or Group

Names and full contact details of TWO designated representatives:

Representative 1 (Primary Contact Person). The person who will ordinarily attend relevant meetings of HASS SA

Full Name:

Address:

Email address

Phone number:

Representative 2: (authorised alternate)

Full Name:

Address:

Email address

Phone number:

Print name

Signed _____ Date:

This form should be returned by email to the Secretary of HASS SA Inc. hass.sa.online@gmail.com or by post to HASS SA Inc., PO Box 54, Prospect Hill SA 5201