

LTANT COMMITTEE MEMBER NOMINATION FORM 2024

ltantconnect@gmail.com

PO Box 41518 Casuarina NT 0810

ABN 39 353 032 684



President	Treasurer	Secretary	Publications Officer
Committee member	Committee member (Regional liaison)	Committee member (Indonesian language representative)	Committee member (Japanese language representative)
Committee member (European languages representative)	Committee member (Chinese language representative)		

I hereby nominate (NAME):	
For the position of:	

Nominated by:		
Address:		
E-mail Address		
Tel No:	BH	

I declare that I am a current financial member of LTANT

Signature of nominee:		
Workplace of nominee:		
Address of nominee:		
E-mail Address		
Tel No:	BH	

Please email to ltantconnect@gmail.com by C.O.B 9th February 2024