ACA Victoria: Nominated Representative Self-Declaration Form

Purpose:
This form is to be completed by the individual who is authorised to act on behalf of the member organisation in matters relating to ACA Victoria membership, including voting, correspondence, and decision-making.

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1. Member Organisation Details

- **Service / Organisation Name:** _____
- **Service Approval Number:** _____
- **Approved Provider Number:** _____
- **Postal Address:** _____

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2. Self-Declaration: Nominated Representative

I, the undersigned, declare that I am the authorised representative for the organisation named above and that I am empowered to:

- Act on behalf of the organisation in all matters relating to ACA Victoria membership;
- Cast votes on behalf of the organisation in ACA Victoria elections and meetings; and
- Receive official correspondence from ACA Victoria.

I acknowledge that this declaration remains valid until ACA Victoria is formally notified in writing of any changes to this nomination.

Full Name: _____
Position / Title: _____
Email: _____
Mobile: _____

Signature:

Date: