

# Nomination of a Member of the House of Representatives

## Single nomination of unendorsed candidate by 100 electors

Information on this form is collected under the provisions of the *Commonwealth Electoral Act 1918*.

This form should be used where a candidate for the House of Representatives stands as an unendorsed candidate for election to the House of Representatives and is nominated by 100 electors.

To the Divisional Returning Officer for the Division of	<input type="text" value="LONGMAN"/>
Candidate Family name	<input type="text" value="BARROW"/>
Candidate Given name(s)	<input type="text" value="David Charles"/>

### CHECK

- Nomination of a Member of the House of Representatives form (**form 60**) correctly filled in with all relevant questions answered.
- All nomination forms **signed** and **dated**.
- Candidate's **deposit** (\$1000 in cash or a cheque drawn by a bank or other financial institution on itself) is **enclosed**.
- Appointment of Candidate Agent form included** (if applicable).
- Qualification checklist relating to section 44 of the Constitution and additional documentation included** (optional).

If the candidate is an independent Member of the House of Representatives, elected as an unendorsed candidate at the previous election, and is not endorsed by a registered political party, the nomination form need only be signed by at least one other person entitled to vote at the election.

Additional information is available in the *Candidates Handbook* and the *Nomination Guide*.

The nomination form will be publicly produced at the time of the declaration of nominations, which takes place 24 hours after nominations close, and may be inspected at any time following the declaration of nominations by members of the public in accordance with the Commonwealth Electoral Act 1918.

No responsibility will be taken for faxed nominations and no acknowledgement of receipt of faxes will be advised. The form may be sent by fax to the relevant Divisional Returning Officer (DRO). No other kind of electronic communication will be accepted. The time of receipt for faxed forms is the time when the message enters the relevant Australian Electoral Commission (AEC) fax machine memory and it is agreed that the AEC is not responsible for any deadlines missed or losses incurred. The deposit cannot be lodged electronically, and it is the responsibility of the candidate to ensure that both the fax and the required deposit are received by the DRO before the close of nominations.

For further information, please refer to the AEC website at [www.aec.gov.au](http://www.aec.gov.au) or call 13 23 26.

Giving false or misleading information is a serious offence.

### Nomination by 100 electors

The AEC is required to verify that at least 100 of the persons listed as nominators are enrolled to vote at the election for which the candidate is nominated. For a Member of the House of Representatives candidate the nominators must be enrolled in the division in which the nominee is a candidate.

To ensure that 100 electors entitled to vote at the election for which the candidate is nominated are provided, it is strongly suggested that additional nominees are provided to meet this requirement. It is also suggested that the nomination form be lodged with the AEC in sufficient time for additional nominators to be obtained, or other corrections made, should it be necessary.

The electoral roll is available for viewing in electronic format at AEC offices. Electors may verify their own enrolment details on the AEC's website at [www.aec.gov.au](http://www.aec.gov.au).

Nominators enrolled on the Commonwealth electoral roll as silent electors are not required to disclose their residential address on the nomination form.

### AEC Use Only

Receipt No.

DRO received name

DRO Signature

Date

 /  / 

Time received (24 hour)

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### Nomination by 100 electors

Candidate Family name <input style="width:95%;" type="text" value="BARROW"/>	Candidate Given name(s) <input style="width:95%;" type="text" value="David Charles"/>
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We, electors on the electoral roll for the above named division, who are entitled to vote at the election of a Member of the House of Representatives for that division hereby nominate the candidate named above as a Member of the House of Representatives for the above named division.

<b>1</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	

<b>2</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	

<b>3</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	

<b>4</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	

<b>5</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	

<b>6</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	

<b>7</b>	Family name <input style="width:95%;" type="text"/>	Given name(s) <input style="width:95%;" type="text"/>	Date of birth	/	/	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
	Address <input style="width:95%;" type="text"/>						State <input style="width:20px;" type="text"/>	Postcode <input style="width:20px;" type="text"/>		
	Signature <input style="width:95%;" type="text"/>						<b>Office Use Only</b>	Division <input style="width:20px;" type="text"/>	ID <input style="width:20px;" type="text"/>	