

## Electoral Ticket Registration Form

### Registration of Electoral Ticket

I _____ wish to register FULL NAME- BLOCK LETTERS
_____
ELECTORAL TICKET NAME – INCLUDING ABBREVIATIONS
Electoral Ticket Contact Name _____
Electoral Ticket Contact Number _____
Electoral Ticket Contact _____
STUDENT NUMBER                      SIGNED                      DATE

### Returning Officer Acceptance

I _____ acknowledge the receipt of the RETURNING OFFICER NAME
above mentioned Electoral Ticket name and confirm registration of the name for the purposes of NUSA elections
Returning Officer _____
SIGNED                      DATE

### Claim to name of existing ticket (if applicable)

I _____ give permission for NAME OF CURRENT TICKET CONTACT
_____ to claim the name of the ticket NAME OF NEW TICKET CONTACT
_____ as the new Ticket Contact. NAME OF TICKET

**Please return completed form to the NUSA Building. No student will be able to register with this Electoral Ticket before this registration form has been accepted.**

Completing this form provides complementary NUSA membership if eligible.