MULTICULTURAL ASSOCIATION OF CABOOLTURE AND SURROUNDS INC.

UPDATED JAN 4, 2019

COMMITTEE NOMINATION FORM

I wish to nominate (Name) : _____

Address: _____

Phone : _____

for the Position of : _____
[Available positions are President, Vice President, Secretary, Treasurer and ordinary members (3)]

Nominated by : _____
(please print name)

Seconded by : _____
(please print name)

I, the undersigned hereby accept the above nomination.

_____ _____/_____/_____
Nominee's Signature Date

******PLEASE NOTE******

*You must be a **financial member** of the Multicultural Association of Caboolture and Surrounds Inc. to **nominate a person** for the **Committee** and to vote at the Annual General Meeting.*

Unity in Diversity

ADDRESS: PO BOX 583, CABOOLTURE, QLD, 4510
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