



## Multicultural Association of Caboolture Shire Inc.

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### NOMINATION FORM

### MANAGEMENT COMMITTEE

I wish to nominate (Name) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

for the Position of \_\_\_\_\_

[Available positions are President, Vice President, Secretary,  
Treasurer and ordinary members (3)]

Nominated by: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Seconded by: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

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 Shire Inc. to **nominate a person** for the **Committee** and to vote at the Annual General Meeting.