Nomination Form – Annual General Meeting

[Service Name]

**NOMINATION FORM FOR ELECTION TO THE COMMITTEE OF MANAGEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Completed nomination forms must reach the: | | | | | | | | | | | | | | |
| Secretary: | | | | | |  | | By: | | | | |  | [insert date] |
| I, |  | | | | | | | accept nomination to the position of: | | | | | | |
| (print full name) | | | | | | |  | | | | | | |
|  | | President | | | | | |  | Treasurer | | | | | |
|  | | Vice-president | | | | | |  | General committee memebers | | | | | |
|  | | Secretary | | | | | |  | [Specify other] | | | | | |
| Signed: | | | |  | | | | Date: | | | |  | | |
| Nominee | | | |  | | |
| Proposer: | | | | |  | | | | | | | | | |
| (Print full name) | | |  | | | | | | |
| Signed: | | |  | | | | | Date | |  | | | | |
|  | | | | |  | | | | |
| I am aware that in order to fulfil the responsibilities for this role, I may be required to provide a current criminal history check and/or Working with Children Check. | | | | | | | | | | | | | | |
| Signed: | | |  | | | | | Date: | | |  | | | |
| Contact phone number: | | | | | | |  | | | | | | | |