



Arts Connect Inc.

artsconnectinc.com.au

## NOMINATION FORM

### Election of Office Bearers and Committee Members

We, \_\_\_\_\_ and \_\_\_\_\_  
*(Must be members of Arts Connect Inc)*

wish to nominate \_\_\_\_\_  
*[name of candidate, also a member of Arts Connect Inc.]*

for the position of *[please tick desired position]*

- President
- Vice President
- Treasurer
- Secretary
- One of the eight committee member positions

Signature of Proposer 1: \_\_\_\_\_

Signature of Proposer 2: \_\_\_\_\_

#### Consent of Candidate

I, \_\_\_\_\_ am willing to take on this role if I am  
election to this position at the Annual General Meeting of the Association.

Signature of candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominations forms must be completed, signed and received by the secretary by close of business at least 14 days before the date of the annual general meeting. Please send by attachment to an email to [secretary@artsconnectinc.com.au](mailto:secretary@artsconnectinc.com.au) or mail to PO Box 1033 Maleny 4552**