

## **NOMINATION FORM**

## **Election of Office Bearers and Management Committee Members**

| We,   | and  |       |
|---|--|-------|
|   | (must be members of Arts Connect Inc.)               |       |
| wish to nominate  |  |       |
|   | (name of candidate, also a member or Arts Connect In | ис.)  |
| For the position of   | (please tick one desired position)                   |       |
| <ul> <li>President</li> <li>Vice Presiden</li> <li>Secretary</li> <li>Treasurer</li> <li>One of the <u>eig</u></li> </ul> | nt<br><u>ght</u> Management Committee positions      |       |
| Signature of Proposer 1:  |  | Date: |
| Signat  | ture of Proposer 2:                                  | Date: |

## **Consent of Candidate**

I, \_\_\_\_\_\_ am willing to take on this annual role if I am elected to this position at the Annual General Meeting of Arts Connect Inc. In accordance with the QLD *Associations Incorporations Act 1981*, I am an adult of 18 years of age or older, and have not been convicted of an offence within the last 5 years as set out in section 61A(1) of the *Act*, nor bankrupt as set out in section 61A(2) of the *Act*. If nominating for Secretary, I declare I am a resident of Queensland or live within 65km of the Queensland border as set out in section 66 of the *Act*.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

As per section 70 of the *Act*, the Management Committee of Arts Connect Inc advise we have Public Liability Insurance to the value of \$20 Million.

Nomination 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 scan and send as an attachment by email to <u>secretary@artsconnectinc.com.au</u> or mail to PO Box 1033, Maleny QLD 4552.