



NOMINATION FORM - ANNUAL GENERAL MEETING

Name of person nominated: _____

DOB: (Required by ACNC register but not published) ____/____/____

Home Address:

Work address:

Ph: _____

Ph: _____

Email: _____

Email: _____

Nominated by: _____

I hereby accept this nomination: _____

Please tick one box

NOMINATED POSITION *

- | | | | |
|-------------------|--------------------------|---------------------|--------------------------|
| President | <input type="checkbox"/> | Vice-President | <input type="checkbox"/> |
| Secretary | <input type="checkbox"/> | Treasurer | <input type="checkbox"/> |
| Publicity Officer | <input type="checkbox"/> | Executive Committee | <input type="checkbox"/> |

** Please note all nominees must be either an individual member for at least one year or a teacher at a Member school .*

Please return this form by close of business one week prior to AGM: The Secretary, MTAQ C/- School of Education, University of Queensland, St Lucia Q 4072 or email: admin@marineteachers.org.au