**2024 AGM**

# Management Committee Nomination Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| We the undersigned, hereby propose and second | | | | |  | | |
|  | | | | | **(Name of person being proposed)** | | |
| of |  | | | | | | who is a financial member of |
|  | **(Residential address)** | | | | | | |
|  | | | | for the position of | |  | |
| **(Name of affiliate)** | | | |  | | **(eg: President, Secretary, etc)** | |
| at the Annual General Meeting of the North Queensland Touch Association Inc. to be held on | | | | | | | |
| **18th May 2024** | | at | **Sports House, Townsville** | | | | |
| **(Date of meeting)** | |  | **(Address of meeting)** | | | | |
| or at any adjournment or postponement thereof. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer |  | | |
| Address of Proposer |  | | |
| Signature of Proposer |  | Date |  |
| Name of Seconder |  | | |
| Address of Seconder |  | | |
| Signature of Seconder |  | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nominee Acceptance Notice** | | | | | |
| I |  | | | Hereby accept nomination for the office bearer | |
| **(Name of nominee)** | | | |  | |
| position of | |  | | at the AGM of NQTA or any adjournment or | |
|  | | **(Position of office)** | | postponement thereof | |
| Signature of Nominee | | |  | |  |
| Date | | |  | |  |

|  |  |
| --- | --- |
| **Office Use ONLY – Date Received** |  |

**THE COMPLETED NOMINATIONS FOR THE POSITION OF OFFICE BEARER MUST BE RECEIVED BY THE NQ OFFICE NO LATER THAN *Friday 26th April 2024***