**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***