



## COMMITTEE NOMINATION FORM

### Nominee Details

• Name: \_\_\_\_\_

• Address: \_\_\_\_\_

• Phone: \_\_\_\_\_

• Email: \_\_\_\_\_

### Position Nominated For (tick one):

President

Vice President

Secretary

Treasurer

Committee Member

### Proposer Details

• Name: \_\_\_\_\_

• Signature: \_\_\_\_\_

• Date: \_\_\_\_\_

### Secunder Details

• Name: \_\_\_\_\_

• Signature: \_\_\_\_\_

• Date: \_\_\_\_\_

### Nominee Declaration

I accept this nomination and agree to uphold the objectives of Magnetic Island Community Care Association Inc. I undertake to support the Association and its members whenever practical and possible.

Signed by Nominee: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Nominations must be submitted by the deadline set by the Management Committee.