



Phone - 07 5499 9345
Email - info@malenync.org.au
PO Box 404 Maleny QLD 4552
Opening Hours Mon - Fri 9am - 3pm
www.malenync.org.au

**Maleny Neighbourhood Centre Association Incorporated
Management Committee Member Nomination Form**

The Nominee and Nominator must be a financial member of Maleny Neighbourhood Centre.

AGM Year: _____

Name of Nominee: _____

For the Information of Nominating Members: In accordance with its Constitution and Lease with the Queensland State Government, the Maleny Neighbourhood Centre Association Inc. has \$20 million Public Liability Insurance.

To Act as (please tick one):

- President
- Vice-President
- Secretary
- Treasurer
- General Member of the Management Committee of the Maleny Neighbourhood Centre Association.

We hereby nominate the above person for the position indicated:

First Nominator:

Name: _____

Signature: _____ **Date:** _____

Second Nominator:

Name: _____

Signature: _____ **Date:** _____

(Complete form on other side)

Maleny Neighbourhood Centre's mission is to foster resilient and fair communities and a just society where diversity is celebrated and participation encouraged.



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I *[NAME OF NOMINEE]* confirm that I am eligible to be elected as a member of the MNC management committee pursuant to Section 61A of the *Associations Incorporation Act 1981* (Qld). I confirm that I have not been convicted on indictment, summarily, or sentenced to imprisonment, and that I am not an undischarged bankrupt in this or an external territory, or another country.

Name: _____

Email: _____

Phone: _____

Address: _____

Signature: _____

Date: _____