

Periwinkle Preschool Inc.

NSW Incorporated Association Number: Y1050315

ABN: 85 415 680 122

Periwinkle Management Committee Nomination Form

Name: _____

Professional Memberships Held: _____

(if applicable): _____

I wish to nominate for the position of * _____ on the Periwinkle Parent Management Committee.

If elected, I consent to act as a committee member of the association and undertake to fulfil all duties and obligations required of the position, including the obligations to attend meetings of the committee and to become appropriately conversant with the duties of committee members.

* Office Bearers	*Ordinary Committee Members
President	Maintenance Coordinator
Vice-President	Fundraising Coordinator
Treasurer	Communications Coordinator
Secretary	

SIGNED: _____

DATE: _____

Nominated by Member (Full Name & Signature): _____

Seconded by Member (Full Name & Signature): _____

Nominations must be proposed, seconded & signed by two existing members of the Association, and must be lodged with the Secretary no less than 7 days before the date of the Annual General Meeting at which the elections are to take place.