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| logo_word_s  **ABN** **18 340 548 481** | **Nomination Form** | 45 Ariadne Street  River Heads Qld 4655  Phone: 0487 097 700 |

**Special General Meeting**

According to the By Laws, nominations will close 7 days @ 6pm prior to the General Meeting.

|  |  |
| --- | --- |
| **I,** |  |
|  | First and Last Name |
|  | **I am a financial member of the RHPA, and hereby nominate:** |
|  |  |
|  | Nominee’s First and Last Name |
|  | **for the position of** |
|  | RHPA Treasurer |
|  |  |
|  | **I am a financial member of the RHPA, and hereby second the nomination.** |
|  |  |
| **I,** |  |
|  | Nominee’s First and Last Name |
|  | **I am a financial member of the RHPA and accept this nomination.** |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Nominator’s Signature & Date** |  | **Seconder’s Signature & Date** |  | **Nominee’s Signature & Date** | |

Please email this completed form to [secretary@riverheads.org.au](mailto:secretary@riverheads.org.au) or deliver to a committee person at Community Hall 45 Ariadne Street River Heads, by **6pm** **seven days** **prior the General Meeting** for it to be counted as a valid nomination.