

**Nomination Form –
S355 Committee Membership
Maitland Regional Art Gallery Members (MRAGM)**

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

Home Phone	Work Phone
<input type="text"/>	<input type="text"/>

Mobile	Facsimile
<input type="text"/>	<input type="text"/>

Email

Type of Membership

I am a current financial member of MRAGM

NAME: _____

My membership number is NUMBER: _____

Position nominating for (e.g. Treasurer, Secretary etc)

What are the reasons for wishing to be a Committee member?

<input type="text"/>
<input type="text"/>

Outline your background/experience that you will bring to the Committee.
(Please feel free to attach additional information)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature of Nominee

Date: / /

Please return form to
The General Manager
Maitland City Council
PO Box 220
Maitland NSW 2320