

Nomination Form

S355 COMMITTEE MEMBERSHIP

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

COMMITTEE NAME

APPLICANTS DETAILS

TITLE

FIRST NAME

SURNAME

ADDRESS

CONTACT DETAILS

HOME PHONE

WORK PHONE

MOBILE

FAX

EMAIL

TYPE OF MEMBERSHIP

LOCAL RESIDENT

(Please tick a box and state name of your club/organisation/group)

SPORTS CLUB/ORGANISATION

NAME: _____

COMMUNITY GROUP

NAME: _____

Position held in this club/organisation/group e.g. Treasurer/Member.

What are the reasons for wishing to be a Board Member?

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

SIGNATURE OF NOMINEE

DATE: / /

